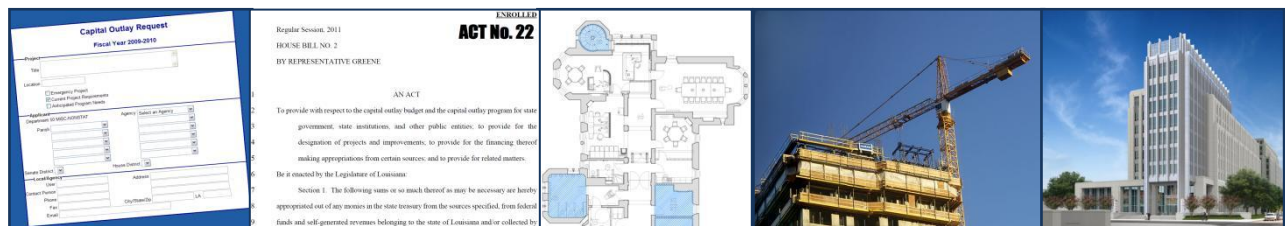




# State Capital Outlay Training Manual



Capital Outlay Seminar: August 10, 2011

Facility Planning & Control  
Division of Administration



# State Capital Outlay Training Manual

Chapter 1: Introduction to Capital Outlay

## **Key Points about the Capital Outlay Process**

- The Capital Outlay Budget process is governed by Statute and is divided into three distinct phases: development, enactment, and execution.
- Requirements and deadlines are not defined by Facility Planning and Control. They are governed by the Louisiana Constitution and the Louisiana Revised Statutes. Make sure that you comply with all requirements and guidelines.
- Competition for the limited funds available is tremendous. You need to submit the most competitive request that you can. This means clearly defining your project and providing as much supporting information as possible.
- Projects can be funded through many sources: State General Fund (Direct), General Obligation Bonds, Inter-Agency Transfer, Revenue Bonds, Re-appropriated Cash. General Obligation Bond projects are not considered "funded" until Lines of Credit have been issued. Projects must be "funded" before state funds are available for use. Unfunded projects from the Capital Outlay Act will not automatically be reconsidered.
- This is an extended process, not suitable for all projects. In most cases, it will take a year or more from the initial submission of a capital outlay request to actually receive funds.

## **Capital Outlay Budget Process Timeline**

<b>Development</b>	<ul style="list-style-type: none"> <li>▪ Capital Outlay Requests Submission (August/September through November)</li> <li>▪ Governor's Budget Development (November through March)</li> </ul>
<b>Enactment</b>	<ul style="list-style-type: none"> <li>▪ Original bill submitted to House (8th day of Regular Session)</li> <li>▪ Legislature modifies and approves bill (throughout the Regular Session)</li> <li>▪ Governor signs bill into law (within 20 days of receipt of the bill)</li> </ul>
<b>Execution</b>	<ul style="list-style-type: none"> <li>▪ Commissioner's Appropriation Memo (mid July)</li> <li>▪ Reauthorized Lines of Credit (mid to late July)</li> <li>▪ Guidelines Memo (Late July-Early August)</li> <li>▪ New Lines of Credit (usually between August and October)</li> <li>▪ FP&amp;C Unfunded Status Memo (between September 15<sup>th</sup> and October 15th)</li> </ul>

# Capital Outlay Request Deadlines

- Any request submitted after November 1 must be:
  - Certified as an **economic development** project by the Secretary of the Department of Development, **OR**
  - Approved by the Commissioner of Administration as an **emergency** project

“Economic Development” projects must be:

- Improvements **on public or government owned property** for the purposes of attracting or retaining a specific new or existing manufacturing or business operation that benefits Louisiana; OR
- Facilities or improvements **on public or government owned property** that generate new, permanent employment or which help retain existing employment; OR
- Facilities or infrastructure improvements **on public or government owned property** necessary for the manufacturing plant or business to operate.

“Emergency” projects must be essential to alleviate conditions that are hazardous to life, health or property and court mandates.

## **Key Points about Bill Development**

- Development of the Capital Outlay Bill (“the Bill”) begins with the submission of capital outlay requests from state agencies and non-state entities. To be included in the Capital Outlay Bill, a request must be submitted in accordance with the provisions of R.S. 39:101 and 39:102. It should be timely and include all statutory information.
- The Bill (always House Bill 2) becomes the Capital Outlay Act (“the Act”) upon the Governor’s signature.
- You may be contacted by Capital Outlay staff members requesting additional information if your request does not appear to contain all statutorily required information or if some of the information provided is unclear. Cooperate with the analysts and respond promptly. They are trying to ensure that we have all information necessary for the consideration of your request.
- Section One of the Act indicates **appropriations** for the projects listed, **not the funding**. Projects showing General Obligation Bond appropriations are not “funded” until they receive a line of credit. Projects with State General Fund appropriations are “funded” upon enactment of the Capital Outlay budget.

# **FREQUENTLY ASKED QUESTIONS (FAQs)**

## **What qualifies as a Capital Outlay project?**

According to RS 39:2(9), "Capital outlays" means expenditures for acquiring lands, buildings, equipment, or other permanent properties, or for their preservation or development or permanent improvement.

Louisiana Administrative Code (LAC) gives examples of projects that qualify for inclusion in the capital outlay bill as:

1. land acquisition;
2. site development and improvement;
3. additions or expansions to existing facilities;
4. acquisition or construction of buildings or other structures;
5. major repair or renovation of existing facilities (note: major repair not defined)
6. installation, extension or replacement of utility systems or major building components;
7. roof replacement;
8. asbestos abatement;
9. fixed equipment which is connected to building utility systems;
10. initial equipment and furnishings for new buildings. However, depending on the useful life of equipment and furnishings, a decision may be made to fund these items through alternate sources.

LAC also gives examples of what should **not** be included in capital outlay requests:

1. minor repair or renovation projects, such as painting, flooring, etc.;
2. minor roof repairs which do not extend the useful life of the roof;
3. moveable equipment and furnishings, except that associated with new buildings;
4. vehicles of any type;
5. materials and supplies;
6. repair or renovation of minor building components, such as plumbing fixtures, locks, etc.;
7. routine maintenance of existing equipment.

LAC says that it is "necessary to limit capital outlay projects which do not have a cash source of funding to those which have an anticipated useful life of 20 years or more and a value or cost of at least \$50,000."

A Capital Outlay project must be “permanent” and “major.”

- 1) “Permanent” means that the project has an OSRAP Useful Life of at least ten years.
- 2) “Major” means that the project:
  - ☐ Is complex in nature requiring the use of and coordination between multiple trades; or
  - ☐ Requires, by statute, the services of a professional architect, engineer or landscape architect; and
  - ☐ Has a cost greater than \$50,000

### **How are Capital Outlay projects funded?**

During each annual legislative session, capital outlay projects receive **appropriations** in the Capital Outlay Bill (House Bill 2). Once the Bill is enacted and becomes the Capital Outlay Act, **funding** is dependent on the means of finance shown for the project. State General Fund (Direct) is cash and is considered “funded” at the time that the Bill is enacted. General Obligation Bond appropriations, however, must receive a **line of credit** from the State Bond Commission to be considered “funded”. It is important to remember to continue to request any unfunded amount needed for your project in subsequent years. This is how you as an agency communicate that additional funding is needed for your project.

**Appropriations** authorize General Obligation Bond funding. The Line of Credit that an appropriation receives is the actual **funding**.

It is also important to remember that a cash line of credit provides cash to your project that can be spent for project completion, even if the “bonds have not been sold.” Although General Obligation Bonds are sold to provide the cash for capital outlay projects, it is not necessary for the bonds to have been sold for a specific project in order for that project to proceed.

Bond appropriations remain in the Act until the bonds have been sold. There may be Priority 1 appropriations in the Act for projects that are nearing completion. This is not new funding. Priority 1 appropriations are always reauthorizations of prior funding. These amounts were shown in the Act for the previous year as Priority 5, Priority 2, or even as Priority 1. Therefore, it is possible that a project remains in the Act even after completion. Further, it is important to understand the Priority system for general obligation bonds to be able to interpret the appropriations in the Act.



### **How is Capital Outlay funding requested?**

Agencies complete the request form in the eCORTS system providing the best possible information regarding the project scope, cost and justification. Competition for Capital Outlay funding is extremely competitive so it's important to build the best case that you can for why your project should be funded instead of another project that is equally important to someone else. If you need to submit additional information that cannot be added to the eCORTS form, contact Capital Outlay for assistance.

### **What happens after a capital outlay request is submitted?**

Analysts within the Capital Outlay section review the request to be sure it includes all of the statutorily required information. They also review the request for feasibility. If the analyst believes that additional information is needed to strengthen the request, he or she contacts the requesting agency as a courtesy. It is important to remember that if the request does not include all of the statutorily required information or is deemed to be "not feasible" then the project cannot be included in the Capital Outlay Act. Any appropriations for that project will be deemed "null."

## **Capital Budget Enactment**

- All projects included within any capital outlay act must be proposed, reviewed, and evaluated in accordance with the requirements in R.S. 39:101 and 102 or they are to be declared “null”.
- Any project deemed “not feasible” cannot be included in the Act.
- Funds appropriated to state agencies are administered by the Office of Facility Planning and Control, in most cases.
- If a project does not receive a line of credit by September 15<sup>th</sup>, the requesting agency will receive notification from the Office of Facility Planning and Control by October 15<sup>th</sup> of the need to resubmit a capital outlay request by November 1<sup>st</sup>.

## General Obligation Bond Priority

---

**Priority 1** – is always a reauthorization and usually receives a cash line of credit at the July meeting of the State Bond Commission.

**Priority 2** – is a new appropriation and can receive a cash line of credit from the State Bond Commission at any time during the fiscal year.

**Priority 3 and Priority 4** – are also new appropriations that can receive cash lines of credit from the State Bond Commission during the fiscal year, but only after all of the Priority 2 appropriations have received lines of credit.

**Priority 5** – can be a reauthorization or a new appropriation and can receive a noncash line of credit from the State Bond Commission.

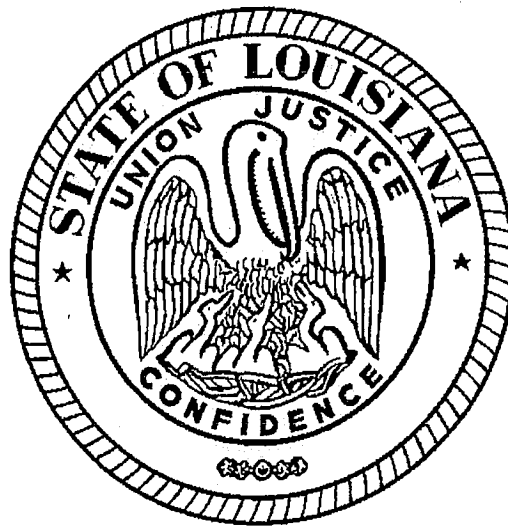
Reauthorized noncash lines of credit are granted at the July meeting while new noncash lines of credit may be granted at any time during the fiscal year. Unlike cash lines of credit, noncash lines of credit cannot be “spent” towards project completion. These lines of credit only provide contract authority. However, prior to entering into a contract that obligates a noncash line of credit, the Office of Facility Planning and Control must seek approval from the Commissioner of Administration.

# Appropriations

## SAMPLE APPROPRIATION

35	01/A00	EXECUTIVE OFFICES
36	(000)	Offices for Southern Louisiana Health Center
37		(Orleans)
38		Payable from General Obligation Bonds
39		Priority 1                      G              \$ 75,000
40		Priority 2                      H              \$600,000
41		Priority 5                      H              \$200,000
42		Total                              I              \$875,000

- |  |   |
|--|---|
| <p>A    "Agency" number</p> <p>B    "Agency" name</p> <p>C    BDS number</p> <p>D    Project Title</p> <p>E    Parish</p> <p>F    Means of Finance</p> | <p>G    Reauthorized Funding<br/>Appropriated</p> <p>H    New Funding<br/>Appropriated</p> <p>I    Total Funding<br/>Appropriated</p> |
|--|---|



# State Capital Outlay Training Manual

## Chapter 2: The Capital Outlay Request

# **Statutorily Required Information**

The R.S. 39:102 requires that all requests include “a detailed project description and justification”.

This detailed description is to include:

- A. Needs Analysis with corroborative data (What evidence do you have that this project is needed?)
- B. Reasonable Estimate of the date when the project is needed  
(Immediately, within the next five years, after the next five years)
- C. Proposed Location (Where will the project be located?)
- D. Estimated Project Cost including construction cost (How much will it cost to build/renovate/repair the facility or structure? How did you arrive at this estimate?) and fixed equipment and furnishing costs.
- E. Estimated Cost of Opening and Operating the Facility for the first year and estimated annual operating and maintenance costs for each year thereafter
- F. Method and source of financing for the next five years. (How much do you anticipate providing for your local match? How much are you requesting in State funds? Do you have any other sources of funding (e.g. Federal grants, etc.)
- G. Estimated Completion date
- H. Identification and description of other similar facilities and projects in the area AND an evaluation of their capabilities to meet needs
- I. Indication of the order of priority in relation to other requests that you have submitted.

Project ID #####  
Project Level Agency  
AGENCY NAME  
AGENCY NUMBER - PROJECT TITLE

# CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011-2012

<http://www.state.la.us/ecorts/>  
REVISED VERSION

Project

Page 1

Title

Location

Priority

- ☐ Emergency Project  
☐ Current Project Requirements  
☐ Anticipated Program Needs

State IDs

Local/Agency

of

Department

of

Management Board

of

Applicant

Agency

Schedule

Department

Parish

Senate District

House District

Site Code

Local/Agency

User  
Contact  
Phone Number  
Fax  
E-Mail

Address

City/State/Zip

Department

User  
Contact  
Phone Number

Management Board

User  
Contact  
Phone Number

Cost Estimates

Land/Building Acq.  
Planning 10%  
Construction  
Hazardous Materials  
Subtotal  
Misc./Contingency  
Equipment  
Total

Local/Agency

Department

Management Board

FPC

Time Estimates

Planning (months)  
Construction (months)

If planning has begun, when will it be completed?

Project ID #####  
Project Level Agency  
AGENCY NAME  
AGENCY NUMBER - PROJECT TITLE

# CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011-2012

<http://www.state.la.us/ecorts/>  
REVISED VERSION

## Prior Funding

Page 2

FPC Project No. Assigned to Prior Funding

Sub-project No.

Authorized Means of Financing

Amount

Year

Act#

Priority


Bond

Credit

Bond

Credit

Bond

Credit

Bond

Credit

Total

## Proposed New Funding

☐ This project does not require funding in Year 1

State Funds

IAT

\*Local Funds

\*Reimbursement Bonds

\*Fees/Self-Gen. Rev.

\*Revenue Bonds

\*\*Statutory Dedications

Federal Funds

Total

Year 1

Year 2

Year 3

Year 4

Year 5

Total


\*Describe specific source of funds

\*\*Type of Statutory Dedication

What fiscal year (FY) was the project or program first submitted for consideration?

## Agency Impact Statement

I hereby certify that this project has been reviewed, approved, and integrated into our department's long range strategic plan and five year budget. The impact of this project's operating budget has been approved.

Name

Title

Date

Comments



Project ID #####  
Project Level Agency  
AGENCY NAME  
AGENCY NUMBER - PROJECT TITLE

# CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011-2012

<http://www.state.la.us/ecorts/>  
REVISED VERSION

## Demonstration of Need

Page 4

Title

Description

Location

Project Type

Facility Type

Program /

Service Desc.

Present Empl.

Future Empl.

Citizens Served

Daily Users

Describe the long  
range strategic plan  
(5-Yr) for the  
program

## Purpose (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Expand Existing Pgm   | <input type="checkbox"/> Changes in Mission    | <input type="checkbox"/> Address Actual          |
| <input type="checkbox"/> Relocate Existing Pgm | <input type="checkbox"/> Changes in Existing   | <input type="checkbox"/> Changes in Standards    |
| <input type="checkbox"/> Add New Pgm           | <input type="checkbox"/> Changes in Population | <input type="checkbox"/> Promote Economic Dev    |
| <input type="checkbox"/> Attract Business      | <input type="checkbox"/> Generate Employment   | <input type="checkbox"/> Address Code Violations |
| <input type="checkbox"/> Other                 |  |  |

## Applicable Guidelines / Standards

Publications,  
regulatory  
agencies'  
guidelines for  
the program

Minimum or NA  
mandatory  
requirements  
for above-listed  
program

What alternatives were considered? (check all that apply)

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Maintaining Status Quo | <input type="checkbox"/> New Space  | <input type="checkbox"/> Renovations of Existing Space           |
| <input type="checkbox"/> Use Existing Space     | <input type="checkbox"/> Less Space | <input type="checkbox"/> Expansions of Similar Program Elsewhere |

How was the best option determined (Studies, Etc.)?

Were feasibility studies or needs assessment reports prepared other than this application?

☐ Yes

Preparer's Name

Phone

List socioeconomic and environmental affects of project

Identify and describe other similar facilities in your area and evaluate their capabilities to meet needs

Request Endorsed By:

Senator ☐

Rep. ☐

Endorser's Name:



Construction Cost (cont.)

Page 6

### Source of Data

Date Prepared

List special cost affecting factors considered (unfinished warehouse space, extraordinary HVAC, etc.).

Cost of Construction Calculation (Provide COST/S.F. for Roofing Projects)

Type of Spec	Net Area	Cost/S.F.	Area Cost
Burden Area	Total / Average / Total		

### Additional Line Item Expenses

(Parking, Utility Tie-In, Security System, etc.)

[illegible]

Subtotal of Additional Line Item Expenses

Total Construction Cost

## Equipment Costs

Item	Item Costs
	0
	0
	0
	0
	0
Total Equipment Costs	0

Check this box if this program is for renovation or relocation of an Existing program and the use of existing equipment discontinued. ☐

If so, explain?

If this project is a current year request, attach an itemized breakdown with unit costs and an estimated useful life of the equipment with final submission to Facility Planning.

Project ID #####  
Project Level Agency  
AGENCY NAME  
AGENCY NUMBER - PROJECT TITLE

## CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011-2012

<http://www.state.la.us/ecorts/>

Page 7

### Operation Budget (Expenditures)

(Should match submittals BR-1 and BR-2  
to Office of Planning and Budget)

Existing Operating Budget  
Current Year Budgeted

Annual Projected Increase (Decrease)  
After Project Completion

Salaries  
Other Compensation  
Related Benefits  
Travel  
Operating Services  
Supplies  
Professional Services  
Other Services  
Debt Services  
Interagency Funds  
Acquisitions  
Major Repairs  
Unallocated

0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0

0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0  
0

Total Expenditures

0

0

Total Positions

0

0

### Operation Budget (Financing)

State General Fund (Direct)  
State General Fund by:  
Interagency Transfer  
Fees and Self-Generated Rev.  
Statutory Dedications  
Interim Emergency Board  
Federal Funds

0  
0  
0  
0  
0  
0  
0

0  
0  
0  
0  
0  
0  
0

Total Financing

0

0

### Balance

Excess / Deficiency of Expenditures Over  
Financing (should = 0)

0

0

### Operating Budget (Summary)

	Year 1	Year 2	Year 3	Year 4	Year 5
State Gen. Fund (Direct)	0	0	0	0	0
Interagency Transfer	0	0	0	0	0
Fees/Self-Gen. Revenue	0	0	0	0	0
Statutory Dedications	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0
Federal Funds	0	0	0	0	0
Total Means of Financing	0	0	0	0	0

### Comments

## Capital Outlay Request Review

Below are some of the questions that Capital Outlay staff must answer when they are reviewing the requests that have been submitted.

- Is the request timely?
- Is the request complete?
- Is a good description given of the intention of the request?
- Is all of the statutorily required information included?
- Is this a new project or a request for supplemental funding for an existing project?
- Is this project an emergency project?
- Is this request feasible?

## Preliminary Capital Outlay Request Worksheet

Capital Outlay, Facility Planning and Control  
Division of Administration, State of Louisiana

This worksheet is intended to assist in developing capital outlay requests for potential inclusion in the Capital Outlay Act.

Filling out this form is optional, and responding to it does not constitute the creation of a Capital Outlay request. This form provides a resource for agencies and entities to develop and clarify the parameters of prospective Capital Outlay requests, including the scope and cost(s) of activities proposed within their project, the source(s) and extent of funding sought, and an explanation of why Capital Outlay funding is necessary. Given that the Capital Outlay budget is subject to considerable competition for limited funding, all entities are encouraged to provide answers in as detailed and complete a manner as possible. Every question on this form reflects fields on the electronic Capital Outlay Request Tracking System (eCORTS) form, so it is worthwhile to gather all relevant information now. In this way, your entity will be best prepared to submit its official Capital Outlay request in a complete and timely manner. If you have any questions, please call 225-342-0823.

When you are ready to prepare your eCORTS request, please visit: <https://wwwprd.doa.louisiana.gov/ecorts/default.cfm>.

**Name of agency or organization requesting funding:**

(Examples: City of Shreveport, ARC of North Webster)

**Name of proposed project, including activity types:**

(Example: New Public Safety Complex, Planning, Land Acquisition, Construction and Equipment/Infrastructure)

**Physical location of the proposed project:**

(i.e., street address, nearest intersection or city)

**Parish in which the completed project will be located:**

(Examples: Evangeline, Orleans, Cameron, Plaquemines)

**Priority of project relative to all of your requests:**

\_\_\_\_\_ of \_\_\_\_\_ (Examples: 1 of 1, 3 of 9, 12 of 15)

**House District of project's location (ex. 102):** \_\_\_\_\_

**Senate District of project's location (ex. 37):** \_\_\_\_\_

Please look up your legislators on the Louisiana Legislature's website: <http://www.legis.state.la.us/district/zipcode.asp>

Several requirements for Capital Outlay projects are outlined in sections 39:101 and 39:102 of the Louisiana Revised Statutes. In order to meet the definition and requirements of Capital Outlay, projects financed through the sale of G.O. Bonds are typically defined by some or all of the following criteria. Please check which describe your project, if any:

- |   |  |
|---|--|
| <input type="checkbox"/> Anticipated useful life of 20 years or more  | <input type="checkbox"/> Value or cost of at least \$50,000            |
| <input type="checkbox"/> Land acquisition and/or site development   | <input type="checkbox"/> Acquisition and/or construction of facilities |
| <input type="checkbox"/> Major repairs or renovations (i.e., not painting, re-flooring or similar short-term patches)   |  |
| <input type="checkbox"/> Full roof replacement (i.e., not minor repairs which do not extend the roof's useful life)   |  |
| <input type="checkbox"/> Fixed equipment connected to utility systems, or initial equipment and furnishings for new buildings (i.e., not vehicles of any type, consumable materials and supplies, or routine equipment maintenance) |  |

**In detail, please describe the scope of the project's activities:**

*(Example: construct new public safety complex, including planning, land acquisition, equipment and hazard abatement.)*

**In detail, please describe the purpose of the project and its value to the entity, area and/or State of Louisiana:**

*(Examples: economic development; compliance with a court order/health regulations; greater efficiency and accessibility)*

**In detail, please describe why State Capital Outlay funding is necessary to accomplish the purposes of the project:**

*(Examples: scale/scope of project is too great for local entity to manage effectively; project benefits the state as a whole)*

**In detail, please describe any realistic alternatives for the project (if any exist), and why they have been rejected:**

*(Examples: considered renovating current facility, but study showed it would be too costly; no other suitable facilities in area)*

# Preliminary Capital Outlay Request Worksheet

Capital Outlay, Facility Planning and Control  
Division of Administration, State of Louisiana

How much is land/building acquisition projected to cost? (if applicable): \$ \_\_\_\_\_

How much is construction projected to cost? (if applicable): \$ \_\_\_\_\_ (C)

How much is equipment projected to cost? (if applicable): \$ \_\_\_\_\_

How much is hazardous material abatement projected to cost? (if applicable): \$ \_\_\_\_\_

Planning Cost = 10% of projected construction cost: \$ \_\_\_\_\_ = 0.10 x C

Miscellaneous / Contingency Cost = 10% of projected construction cost: \$ \_\_\_\_\_ = 0.10 x C

Total: **Check Totals** \$ \_\_\_\_\_

How long is each process intended to take?: Planning: \_\_\_\_\_ months Construction: \_\_\_\_\_ months

Convert the sum of planning and construction months into the number of years needed for project completion, (ex. 12 months planning + 36 months construction = 4 years. There may be overlap between planning and construction.) then break down the costs calculated in the prior section over the number of years needed for project completion.

Year 1:	Year 2:	Year 3:	Year 4:	Year 5:	Total:
_____	_____	_____	_____	_____	_____

Now, specify the funding source(s) you anticipate relying on to pay these costs incurred over time:

	Year 1:	Year 2:	Year 3:	Year 4:	Year 5:	Total:
State G.O. Bonds:	_____	_____	_____	_____	_____	_____
State General Fund:	_____	_____	_____	_____	_____	_____
Revenue Bonds:	_____	_____	_____	_____	_____	_____
Local Fees / Self-Gen.:	_____	_____	_____	_____	_____	_____
Federal Funds:	_____	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____	_____

**Check Totals**

	Means of Financing	Amount	Year	Act #	Priority
Has the project been granted prior Capital Outlay funding from the State? If so, please describe prior funding:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____



Please review your entries on the previous page, ensuring that corresponding totals are in agreement. This is important because there must be a direct link between total costs, total funding and the breakdown of sources over the five-year schedule. Please explain any discrepancies in totals, or give any other relevant information related to costs, prior funding, and projected five-year funding. Also, please indicate whether or not the entity (if non-State) intends to provide a 25% match, and the source of such matching funds.

	Type of Item / Space:	Qty. or Net Area:	\$ / Unit or S.F.:	Sub-Total:
The eCORTS form will require itemizations of every category of costs. For now, please list four important line items with actual projected costs:	_____	_____	x _____ = _____	
	_____	_____	x _____ = _____	
	_____	_____	x _____ = _____	
	_____	_____	x _____ = _____	

One key factor that the State considers when reviewing proposals is how project completion would affect the operating budget of the appropriated entity. Since the Capital Outlay budget (HB2) funds long-term acquisitions rather than annual operating expenses (as in HB1), it is important to account for anticipated budget impacts, as these impacts might affect the extent to which the entity can make use of the proposed project. Therefore, please give the current operating budget of your organization or agency, and the net effect(s) resulting from completion.

Current annual operating budget of organization/agency: \$ \_\_\_\_\_ (ex. \$ 3,000,000)

Projected net increase or decrease (if any) in operating budget as a result of project funding and completion. \$ \_\_\_\_\_ (ex. \$ 50,000)

The Operating Budget section on the eCORTS form will request an itemization of your operating budget, including sub-totals for distinct budget areas (salaries, travel, supplies, etc.), and projected net effects for each of them. For now, though, please just select which areas you anticipate would be affected by project completion, if any.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salaries              | <input type="checkbox"/> Other Compensation | <input type="checkbox"/> Related Benefits       |
| <input type="checkbox"/> Travel                | <input type="checkbox"/> Operating Services | <input type="checkbox"/> Supplies               |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Other Services     | <input type="checkbox"/> Debt Services          |
| <input type="checkbox"/> Interagency Funds     | <input type="checkbox"/> Acquisitions       | <input type="checkbox"/> Major Repairs          |
| <input type="checkbox"/> Unallocated Funds     | <input type="checkbox"/> Other              | <input type="checkbox"/> No anticipated changes |

Please give any final comments you might have regarding your project. If you have not done so already, it would be advantageous to describe how the project fits within your entity's vision or master plan, and the extent to which the project will generate long-term benefits to the local community, the region, and the State of Louisiana as a whole.

Again, detail is to your advantage. Please give any information which you feel emphasizes the value of the project.

Name and title of person completing worksheet:

\_\_\_\_\_  
*(ex., John Smith, Town Clerk)*

Name and title of agency/organization head  
authorized to sign contracts on its behalf:

\_\_\_\_\_  
*(ex., Jane Smith, Mayor)*

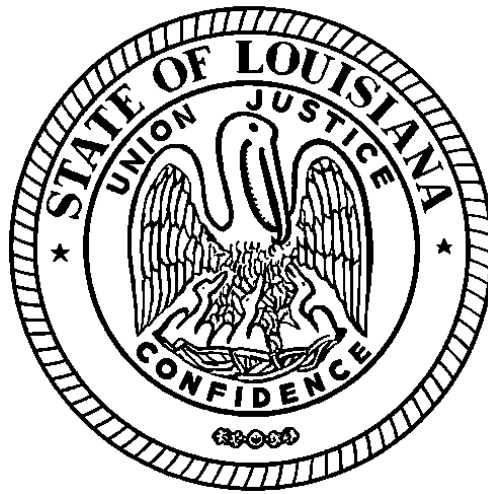
Mailing Address of Entity:

Contact Information:

Phone 1: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone 2: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Thank you for taking the time to complete this worksheet accurately. Please call 225-342-0823 with questions or comments.*



# State Capital Outlay Training Manual

Chapter 3: Completing the eCORTS Form

**This chapter is intended to be a quick reference for completion of eCORTS forms. This information can also be found in the eCORTS instructions.**

## Add New Project

All fields in this form are required unless otherwise noted below. Please do not complete request in all CAPITAL letters.

### Project Title

The project title should be a brief description of the project showing location of the project and can end with descriptive words such as Planning, Construction, Equipment, Acquisition, Land Acquisition, etc. An example would be: Widening of 123 Highway in Smithville, Planning, Construction, and Acquisition. Another example is: Multipurpose Center in Smithville, Planning and Construction. For all requests except those that are for Statewide Programs such as Statewide Major Repairs, Statewide ADA, etc. please make your requests specific to one project.

### Location

The Location is the village, town, city, regional area or nearest intersection in which the project will occur.

### Project Classification

**Please select a project class that gives a reasonable estimate of when the project is needed.**

Only one classification can be selected. If another classification is selected, the currently selected classification is unselected. It is a required field, so you cannot un-select all three.

**Emergency Project:** A capital outlay project can be classified as an "emergency" if it is essential to alleviate conditions that are hazardous to life or property and court mandates. Examples include extensive roof leaks, structural defects, code violations, accreditation, asbestos/hazardous materials abatement, and extensive breakdown of HVAC systems.

**Current Program Requirements:** Projects that would allow an agency to bring its facilities up to program standards set by national or regional accrediting associations. Also, changes necessary to improve the functioning of a program. This would include measures to rectify for program achievement. It would also include provisions for major alterations to meet or maintain current program requirements. Examples include the addition of a new program, and changes or relocation of an existing program.

**Anticipated Program Needs:** Projects anticipated on the basis of increased enrollments, additional service, obsolescence of existing facilities, and changing an agency's role, scope or mission. Examples include the addition of a new program, changes or relocation of an existing program.

### Applicant

**Department:** The Department field is automatically populated based on info provided in your USER ID request.

**Agency:** Choose the appropriate agency from the drop-down list.

**Parish:** Choose one or more parishes in the array of 10 drop-down lists. At least one must be selected. Based on your parish selection, the legislator district codes will only appear for the parishes selected. Choose the correct Senator (<http://senate.legis.state.la.us/Senators/ByDistrict.asp>) or Representative ([http://house.louisiana.gov/H\\_Reps/H\\_Reps\\_ByDistrict.asp](http://house.louisiana.gov/H_Reps/H_Reps_ByDistrict.asp)) in the legislative district in which the project

will occur. Failure to properly identify the correct elected official could result in a delay in review of your submittal. "Statewide" is an option and can be selected at the bottom of the parish list.

**House & Senate District:** Please enter the district number of a legislator who represents the parish in which the project is located. If you selected "Statewide" or "Multi-Parish" for parish, you will not enter Senate or House Districts.

### **Local/Agency**

The contact information is very important. This information will be used to contact your entity should there be questions. Please provide accurate, up-to-date, contact information for the entity in the below fields. Please do not use the consulting firm's information as the contact information for the project.

**User:** User is the name of the agency. This field accepts only 20 characters. You may have to abbreviate. Please do not use any other name but the name of the entity requesting funding.

**Contact:** Enter the name of someone at the agency, who can be contacted with questions, or for more information. Please do not use the name of a consultant. Contact information needs to be an employee with the agency.

**Address:** Enter the address of the entity.

**Project Address:** Enter the address of the actual project or the nearest intersection.

**City/State/Zip:** Although these fields are self-explanatory, you may notice that the State field requires two characters conforming to the USPS state code convention. Any lower case letters will be converted automatically to upper case. The Zip Code field will accept either 5 or 9-digit zip codes and will automatically covert 9-digit entries to xxxxx-xxxx format.

**Phone/Fax:** The Phone field requires a 10-digit phone number (xxx-xxx-xxxx). It is not necessary to enter the dashes as the field will be automatically formatted. The Fax field is not required but it is highly requested that a fax number be provided.

### **Applicant Mailing Address**

Please populate all fields: Facility, Address, City/State/Zip, Phone/Fax and Email. Facility name is the name of the entity requesting the funds.

### **Save New Project**

After the field blanks on page 1 are filled in, press the **SAVE NEW PROJECT** button. If any information in required fields is left unfilled, or any invalid data was entered, you will see an error message. Go back and make corrections as indicated by the error message and then click **SAVE NEW PROJECT**. After a successful save of the first page, the project will be assigned a Project ID number and then loaded into Page 1. At this point, additional data can be entered on page 1, or you can navigate to other pages. You may wish to note the Project ID number displayed in the window header.

After filling out the first page, the request is not considered finished and is not yet submitted. Please open all the pages of the request and fill out the request in its entirety, perform the check for errors function, and electronically submit by selecting the appropriate button after successful error check.

## Select Prior Year Projects

The Select Prior Year Projects allows the user to copy a project from a previous year forward to edit. This keeps the user from entering the same request from year to year if resubmission is necessary. To perform the function, log into eCORTS and click **"Select Prior Year Projects."**

In the Select Prior Year Projects section, select the year the request was submitted from the years listed under **"Choose a Prior Fiscal Year."** After you have done that, the list of project titles will appear from that year. Click on the title of the project to copy forward to the current year. A confirmation box will appear asking if you are sure you would like to copy project from a previous year to the current year, click **"Copy Project."**

You have copied that project forward. It is not submitted yet, just copied to the current year for you to edit. When you are finished copying projects and would like to return to the active year to edit the projects you copied forward, click **"Return to Active Year."** You will be directed back to the current year. The projects you copied will be there to click on to edit.

## Check Project for Errors

### Purpose

This Page is designed to allow you to analyze the entries that you have made into this application. Each project must be analyzed separately before it can be moved up to a higher stage.

There is a checkbox next to every page that is required for the selected project. Click the checkbox next to each page that you want to check for errors, then click the "Check for Errors" button. If you want to check all pages, click on the "check all" link. Clicking on the "uncheck all" link will uncheck all checkboxes.

### Checking

If any errors are present, a list will appear on the screen with a corresponding page number to the left, indicating the page on which the error can be found. Click on the page number to display the page. Correct the error and click SAVE. Then press ALT + TAB on your keyboard to return to the list of errors. To generate a new error list, click "Check for Errors" again.

### Printing

If you want to print the list of errors, you use the browser's menu. Click on File, then Print.

### Close Window

When you are finished checking the project for errors, you can click on "Close Window". This will not exit the application, or log you off.

## Print Requests

Once the first page of the request has been filled out and saved in eCORTS, you may print the project at any point while filling out the request. Once you have submitted the request electronically, the request can still be retrieved to view and print only in the "View Projects to Print" section. When the project is error free, submit the request electronically. **Do not mail paper copies of the request.**

Your computer must have Adobe Acrobat to print the request. There is a link to a free download for Adobe Acrobat on the eCORTS Home Page at <http://www.doa.la.gov/ecorts/>.

## Submit Requests

The link to submit electronically will appear on the project's main menu screen where all the page numbers are listed for that project on the lower right side of the menu. The link to submit electronically will not appear for you to click on UNTIL the request is ERROR FREE. If this link has not appeared, you need to run the Check for Errors. If the link is on your menu screen, that means your project is error free. Click this button to submit electronically when you are finished with the request. Please do this promptly after you finish. Once your project has been submitted, it will not be listed in eCORTS to edit.



## Page 1

### Project Title

The project title should be a brief description of the project showing location of the project and can end with descriptive words such as Planning, Construction, Equipment, Acquisition, Land Acquisition, etc. An example would be: Widening of 123 Highway in Smithville, Planning, Construction, and Acquisition. Another example is: Multipurpose Center in Smithville, Planning and Construction.

### Location

The Location is the city in which the project will occur. This field only holds 15 characters, so choose them wisely.

### Project Class

**Emergency:** A capital outlay project can be classified as an "emergency" if it is essential to alleviate conditions that are hazardous to life or property. Examples include extensive roof leaks, structural defects, code violations, accreditation, asbestos/hazardous materials abatement, and extensive breakdown of HVAC systems.

**Current Program Requirements:** Projects that would allow an agency to bring its facilities up to program standards set by national or regional accrediting associations. Also, changes necessary to improve the functioning of a program. This would include measures to rectify for program achievement. It would also include provisions for major alterations to meet or maintain current program requirements. Examples include the addition of a new program, and changes or relocation of an existing program.

**Anticipated Program Needs:** Projects anticipated on the basis of increased enrollments, additional service, obsolescence of existing facilities, and changing an agency's role, scope or mission. Examples include the addition of a new program, changes or relocation of an existing program.

These radio buttons are mutually exclusive, i.e., when one is clicked another will be un-clicked, so that only one is selected at a time. It is a required field, so you cannot un-select all three. At least one must be selected.

### Priority Number

A priority number is to be assigned to each new project request in keeping with the relative importance to the achievement of overall department goals. Prioritize your requests by number. For example, if you have 3 requests, one will be 1 of 3, two will be 2 of 3, and three will be 3 of 3. Indicate the priority in the "Local/Agency" field in the Project section of Page 1. If your entity is only submitting one request, the priority will be 1 of 1.

### Site Code / State ID

Site Code and State ID numbers have been assigned to all existing state facilities, and can be found in your SLABS (State Land and Buildings) report or your Asbestos Management Plan. These fields contain six (6) characters. Proper format for a State ID is a letter, either "L" or "S", and a five-digit number.

## Capital Outlay Request

Fiscal Year 2011-2012

Page 1

<b>PAGE 1</b>	<b>Project ID 538165</b>	<b>Capital Outlay Request</b>	<b>Page 1</b>
<b>PAGE 2</b>	<b>Project Level Agency</b>	<b>Fiscal Year 2011-2012</b>	
<b>PAGE 3</b>			
<b>PAGE 4</b>			
<b>PAGE 5</b>	<b>Project</b>	Offices for Southern Louisiana Health Center	
<b>PAGE 6</b>	Title		
<b>PAGE 7</b>	Location New Orleans		
<b>PAGE 8</b>	State IDs		Priority Local/Agency 2 of 6
<b>PAGE 9</b>	<input type="checkbox"/> Emergency Project <input type="checkbox"/> Current Project Requirements <input checked="" type="checkbox"/> Anticipated Program Needs		
<b>PAGE 10</b>	<b>Applicant</b>	Department 01 EXECUTIVE	
<b>PAGE 11</b>	Parish ORLEANS		Agency 100 EXEC OFFICE
<b>PAGE 12</b>			
<b>PAGE 13</b>			
<b>PAGE 14</b>			
<b>PAGE 15</b>	Senate District 1		House District 100
<b>PAGE 16</b>	Site Code		Schedule 01-100
	<b>Local/Agency</b>		
	User VFA		
	Contact Robert Smith		Address 266 Summer Street
	Phone 225-555-2651		
	Fax 225-350-4070		City/State/Zip New Orleans LA 70130
	Email rsmith@yahoo.com		

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**Hint: Users**

should compile and rank their projects before entering or enter all projects and then rank in order to have the correct project total.

State ID's for State agencies only. Can be found in SLABS and contain six characters beginning with L or S.

## Page 2

### Order of Completing Capital Outlay Request

Information on the estimated project as a whole is entered on computer page 2. The total under cost estimates should equal the total Proposed New Funding on computer page 3. Also, the construction estimate furnished on computer page 2 should match the Total Construction Cost at the bottom of computer page 11. **We recommend that your agency complete computer pages 9, 11, and 12 before completing computer pages 2 and 3.** The information for construction costs, equipment costs, and facility requirements is completed on computer pages 9, 11, and 12 and will need to be transferred or duplicated in the fields on page 2 in construction and equipment costs. On page 3, the amount requested is entered, and after having completed the computer pages 9, 11, and 12, the amount you need to request and the amount you have as a match, if any, need to match the amount estimated for the project on computer page 2. It is recommended that you print out the request after you have completed computer page 1, and use that to organize your project costs so you'll have the information you need to enter into eCORTS on those pages.

### Planning/Misc Cost:

Planning Cost is a fee for professional services for planning/ designing. This figure should be 10% of construction cost. If you know that planning costs are not 10%, the information may be entered into the comment fields located at the bottom of Page 4 in the Comments Field below the Agency Impact Statement. Miscellaneous or incidental expenses not already listed, including insurance, legal fees and testing are calculated as 10% of construction cost. The program will automatically calculate these costs as a percentage of the construction cost.

### Equipment:

Enter the dollars you plan to spend capital outlay funds on equipment. The amount you put here must be the same as the total for equipment on page 12 Equipment Costs. If no dollars of capital outlay funds will be used for equipment, please leave the Equipment field on page 2 blank and do not fill out page 12 at all.

### Time Estimates:

Please enter an estimated number of months for planning and construction. This is a required field. If you do not have this information yet, or it is not applicable to your project, please enter "1".

Your changes have been saved

[Return to Project Summary Page](#) [Save Page](#)

## Capital Outlay Request

Fiscal Year 2011-2012

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### Cost Estimates

Land/Building Acq	Local/Agency
Planning 10%	52,000
Construction	60,543
Hazardous Materials	605,436
Subtotal	0
Misc./Contingency	717,980
Equipment	60,543
Total	117,340
	395,884

### Time Estimates

Planning (months)	4
Construction (months)	6

If planning has begun, when will it be completed? (m/d/yyyy) 1/15/2011

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For more information or for inquiries, email: [CapitalOutlay@la.gov](mailto:CapitalOutlay@la.gov)

Include land or building acquisition costs where applicable

This Number should equal the construction cost total from the bottom of page 11.

This Number should equal the equipment cost total from page 12.

## Page 3

### Prior Funding

Prior funding refers to prior years actual funding (i.e. cash and lines of credit); and all funding in the current Capital Outlay Act (i.e. cash or lines of credit). The funding source (means of financing), amount, year, act number and bond priority level should be identified. Only prior funding for the project being submitted need be listed. Check off Bond if the project was a General Obligation Bond project.

If your project received an appropriation for General Obligation Bonds in a prior year, but did not receive a line of credit from the State Bond Commission, do not enter that funding under "Prior Funding". Prior Funding is only funding actually committed for the project.

### Proposed New Funding

This is where you put how much you are requesting from capital outlay: either new funding or funding that got in a previous year's capital outlay bill and didn't get a line of credit. Proposed new funding refers to the funding required in addition to actual funding in prior years and current year (i.e. cash, bonds sold or lines of credit). Proposed new funding should include current year bond funding which was not granted a line of credit by the October Bond Commission, plus any additional funding you would like to request.

Please make sure you have reflected all project funding on computer page 3. **Prior Funding total plus Proposed New Funding total should be equal to the Cost Estimates total on computer page 2.**

### Funding Sources

1. **State Funds:** Please enter the amount you are CURRENTLY requesting from the state. Bonds or other evidences of indebtedness whose debt service is payable from the Bond Security and Redemption Fund, and for which the full faith and credit of the state is pledged to the repayment; or reallocation/reappropriation of the proceeds from previously sold bonds; or inter-agency transfer; or reallocation/reappropriation of previously appropriated cash.
2. **Local Funds:** For departments of the State of Louisiana: Any other type of financing not covered in the list of proposed new funding sources, including donations, etc.
3. **Reimbursement Bonds (State Departments Only):** General obligation bonds whose debt service is payable, through a reimbursement agreement, by revenues derived from the operation of the agency for which the bonds or other indebtedness are issued.
4. **Fees/Self-Gen Rev (State Departments Only):** Self-generated cash from revenues derived from the operation of the agency.
5. **Revenue Bonds (State Departments Only):** Bonds whose debt service is payable from revenues derived from the operation of the agency for which the bonds or other evidences of indebtedness are issued. The full faith and credit of the state is not pledged to the repayment of Revenue Bonds.
6. **Statutory Dedications (State Departments Only):** Cash from revenues derived from statutory dedications, awarded, or received for the project. The specific name of the statutory fund should be identified.
7. **Federal Funds:** Any federal grant, loan, etc., that has been applied for, awarded, or received for the project.



**Provide all prior funding received whether bonded or as line of credit.**

Indicate only where bond funding or line of credit was received. Funding included in a previous year's HB2 but not awarded a line of credit should **not** be included.

To reference or download Bond Commission documents, go to <http://www.treasury.state.la.us/HomePages/BondCommission.aspx?@Filter=B>

Information also available in ISIS.

FPO Project No	Assigned to Prior Funding	523655	Sub-project No
Authorized Means of Financing	Amount	Year	Act#
General Obligation Bonds	25,000	2009	20
General Obligation Bonds	50,000	2010	21
	0	0	
	0	0	
	0	0	
	0	0	
	0	0	

Total	576,000
-------	---------

☐ This project does not require funding in Year 1

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
State Funds	375,000	383,868	62,000	0	0	\$820,868
IAF	0	0	0	0	0	\$0
Management Salaries	0	0	0	0	0	\$0
Fuel-Sal Opn. Res	0	0	0	0	0	\$0
Revenue Bonds	0	0	0	0	0	\$0
Standby Deductions	0	0	0	0	0	\$0
Federal Funds	0	0	0	0	0	\$0
<b>Total</b>	<b>\$375,000</b>	<b>\$383,868</b>	<b>\$62,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$820,868</b>

The sum of these fields should equal estimate totals on Page 2.

<sup>a</sup>Describe specific source of funds

Type of Statutory Deduction

What fiscal year (FY) was the project or program first submitted for consideration?

Do not show all funding in Year 1 unless project can be completed in one year.

Check this box only if no funding is required in year 1. Checking this box disables pages 8-16 and **clears all previously entered data** on these pages.

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## Page 4

### Agency Impact Statement

This statement is a "sign-off" by an appropriate State Department authority or non-state entity. The name, title and date are required fields. It is recommended that you complete this page with information about your project.

The comments field has a variety of functions. You may use this field for a justification of your request. You may also use this field if you run out of room in another field or for any additional information, description, or miscellaneous info you would like to include on the request. In addition, please note discrepancies in funding if there are any in your request. If costs for your project have changed from a previous year's request, please note the difference and reason for increase/decrease. Please note that while you are in eCORTS, the session will time out after approximately twenty (20) minutes, so please save your pages frequently.

This page can be used to list itemized break-out of costs, materials involved, property ownership, timeline for the spending of the funds, etc. Please provide any pertinent information on your request here.

Your changes have been saved

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## Capital Outlay Request

Fiscal Year 2011-2012

Page 4

### Agency Impact Statement

I hereby certify that this project has been reviewed, approved, and integrated into our department's long range strategic plan and five year budget. The impact of this project's operating budget has been approved

Name  Title  Date

### Comments

This project will enable the agency to provide necessary ongoing services to the local community in accordance with our charter and strategic plan. Ongoing operational costs have been estimated and budgeted through 2015. (From Page 7) To provide ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. Due to the influx of distressed population from hurricane affected areas there is a need to implement services of this type at this location. The growth in distressed population in the past two years is expected to remain in place or continue to grow. Services are required in accordance with the agency's mission and are not available elsewhere in the area presently. (From Page 10) Renovate existing second floor space to support treatment program. Work includes new finishes and relocation of some partitions. Electrical and HVAC systems will be replaced. Restrooms will be retrofitted to meet full ADA compliance. The space will consist of a waiting room to accommodate 20 clients; a reception area suitable for two concurrent employees, 14 treatment rooms, 6 offices, 6 restrooms and a file/recorder keeping area. The existing space is aged and will need to be significantly renovated with electrical, mechanical and finish systems to support the program needs. Costs include all furnishings and equipment necessary to outfit the space.

Provide any necessary comments in the space provided. Note that if more space is required from fields on other pages, supplemental comments can be entered here. (See example from pages 7 and 10.)

This field is the best place to describe the project in depth and justify the need. Please provide as much detail as possible. A quality submission will show a significant amount of narrative and commentary in this box.

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## Page 7

### **Title, Location**

These fields are read-only. Make any changes to them on Page 1.

### **Description Field**

The description needs to be a brief sentence or two describing the project. Please put something different than what you have for the title of the project. This field is not for entering a justification or need for the project, only a description of what the project is in a brief form. Use Comments section on computer page 4 to add additional description information.

### **Project Type/Facility Type**

These are drop down boxes. Please select the fields most applicable for this project. You must select Project Type first, then Facility Type second.

### **Program Services Description**

Please enter a brief comment on the service, or program, that will be provided as a result of this project.

### **Long-Range Strategic Plan**

Please enter the project's long-range plan, timeline for the project and/or funding and construction requested timeline. Also give a summary of your agency or organization's strategic plan for the project or program.

### **Purpose**

The purpose field is required. Please check off any that apply to your project.

InstructionsLogoffeCORTIS

Return to Project Summary PageSave Page

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Project ID 538165  
Project Level Agency

Capital Outlay Request  
Fiscal Year 2011-2012

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Page 16

Demonstration of Need

Offices for Southern Louisiana Health Center

Title

Description

Location

Project Type

Facility Type

Program/Service

Desc.

Renovate existing 11,500 square foot second floor space, currently used for record storage and partially vacant, to treatment facility for emotionally disturbed persons.

New Orleans

Health Infrastructure

Health/Medical

Treatment

To provide ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. (See additional comments on page 4.)

Present Empl.

Future Empl.

Citizens Served

Daily Users

0

8

200

40

Purpose (Check all that apply)

☐ Expand Existing Pgm

☐ Relocate Existing Pgm

☒ Add New Pgm

☐ Attract Business

☐ Other

☒ Changes in Mission

☐ Changes in Existing

☒ Changes in Population

☒ Generate Employment

☐ Address Actual

☐ Changes in Standards

☐ Promote Economic Dev

☐ Address Code Violations

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Provide a brief description of how this project supports your agency's long range strategic plans.

Note that additional space is available for use on Page 4.

### Applicable Guidelines

"Applicable Guidelines" refers to any mandates that your department or agency must follow to acquire federal funds, grants, etc. that are particular to you. It is not necessary to list NFPA, ADA, etc. in this area because ALL agencies are expected to follow these codes and regulations. For example, if the federal regulatory agencies for correctional facilities require that every inmate has a cell of at least 80 square feet, then this should be listed. This is very important to Corrections, and Facility Planning needs to be aware of this guideline; however, this guideline does not affect any other agency. List the publication and the specific guideline in the blanks provided. If the project is located in an area that has project or other restrictions and/or local or federal requirements, guidelines, etc. please indicate those guidelines.

### Preparer's Name, Phone

This field is to enter the name of the feasibility study preparer. If no feasibility study was performed for this project, leave this field blank. In order to enter data into these two fields, you must first click the checkbox above them on the right.

### Hazardous Materials

Please indicate if it is suspected or known that any part of the project involves hazardous materials. Also, please indicate if that info is unknown.

### Identify and Describe other Similar Facilities in Your Area

This is a required field. Please provide this information relative to this project you are proposing in comparison with other similar projects in the area. If no similar projects exist, please indicate that. Evaluate the comparison facility to the facility you are proposing, provide info on how they would be similar, how they would be different, the age, size, useful life for each if a building is involved, etc.

### Requests Endorsed By

These fields are enabled only for non-state entities (Departments 36 or 50).

## Capital Outlay Request

Fiscal Year 2011-2012

Page 8

Project ID 538165  
Project Level Agency

equilibrium, equilibrium approach

Publications,  
Regulatory  
Affairs  
Joint Commission on Accreditation of Healthcare  
Organizations, Centers for Medicare/Medicaid Services

garden here  
for the  
program

To allow program to continue to be in compliance with the rules, regulations and standards set forth by the above agencies and to continue to receive reimbursement for the services provided

What alternatives were considered? (check all that apply)

☐ Maintaining Status Quo ☐ New Space ☐ Renovations of Existing Space

<input checked="" type="checkbox"/> Use Existing Space	<input checked="" type="checkbox"/> Less Space	<input checked="" type="checkbox"/> Expansion of Similar Program Elsewhere
--	--	--

How was the best option determined (Studies, Etc.)?

Were feasibility studies or needs assessment reports prepared other than this application? ☒ Yes

Preparer's Name Richard Smith

List socioeconomic and environmental effects of the project

Identify and describe other similar facilities in your area and evaluate their capabilities to meet needs

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Enter specific requirements related to this project. Do not include general requirements for all projects such as ADA or fire codes.

Select all alternatives that were considered, whether in a formal study or as part of project development.

If formal study not completed, describe the decision process in this box. **Input is limited in this box, continue on Page 4 if necessary.**

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## Page 9

### Facility Requirements

If your project does not involve renovation or construction of an existing or new building, check "No Space", fill out the Preparer's Name and the current date and save the page. The rest of the information is not applicable. For any construction project involving a building, this information is required to be filled out, in addition to the table on computer page 11. The information from computer page 9 defaults to computer page 11, so complete computer page 9 first.

In the "Facility Requirements" section, the type of space is to be entered. If several areas are the same, each area does not need to be listed individually. For example, if the area is to be "office" space, it is not necessary to list each office separately. Also, file rooms, break areas or other similar spaces can be lumped into the category "Office". The number (#) column is for the number of people to be housed in this space. It is not the number of rooms. Typically, at this point, most agencies have not prepared programs and do not actually know the number of rooms. They should, however, know the number of people that need to be housed. Examples of occupants are employees, clients, students, etc.

If your project does not have space requirements, does not involve renovation or addition to a new or existing building or space, click the checkbox for "No Space" for Space Requirements. Please check "New Space" or "Existing Space" in reference to the proposed building project.

### Prepared By/Date Prepared

Whether or not you are required to complete this page, these two fields are required. Put the name of the person who is completing the table on that page and the current date the page is being filled out. If this page is not applicable to your project, enter your name and current date in those fields.

### Net Area / Person

Net Area/Person should reflect the area/space needed per person. For example, if the agency requests a classroom to house 30 students at 30 square foot per student, the Net Area Required is 900 square feet. The program will automatically calculate this figure.

### Net Area Required

Net area required for each functional space type (number of people x net area per person required).

### Total Gross Area

The total gross area equals the product of the total net area times the burden factor ("Burden Factor").

### Burden Factor

The burden factor is a percentage that is allowed for building support areas such as lobbies, elevators, stairwells, and primary circulation. An efficient burden factor is usually around 20%. More often, the burden is 25-30%.

**Burden Area**

The burden area is the difference between gross area and net area. The program will calculate this area.

**Additional Program Requirements**

Additional Program Requirements refers to those areas that are not spaces as such. For example, loading docks, public roadways, utility tie-ins, etc. that are required for the project should be listed here.



## Capital Outlay Request

Fiscal Year 2011-2012

Page 9

Facility Requirements  
 Prepared By Robert Smith  
 Date Prepared m/d/yyyy 03/2010

Date Prepared (m/d/yyyy) 03/1/2010

Space Requirements: ☒ New Space ☐ Existing Space ☐ No Space

Type of Space	Number of Occupants	Type of Occupants	N/A Per	Net Area
Office	6	Employees	110	660
Reception	2	Employees	200	400
Waiting Room	20	Visitors / Clients	30	600
Treatment Room	14	Visitors / Clients & Employees	80	1,120
Restrooms	6	Visitors / Clients	64	384
Records	1	Students / Assistants	144	144
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
Total Net Area	Burden Factor	Total Gross Area	Total Net Area	3,300
3,300 X 1.25 =	4,125		Burden Area	827

Employees	Contract Employees	Temporary Employees
22	0	0
20	1	0

Existing parking lot space for building is adequate to accommodate additional parking needs.

What will happen with the existing facility (demolition, remodeled, other program, etc.) and funding if needed?

**Hint:** Net areas calculated on this page are used in the construction cost calculations, it is important to show accurate total net area for each space.

For each occupant type, the total in the bottom box should equal the sum of the same type above. For example, there are 22 employees identified which is equal to  $6+2+14$  (in this case each employee is assigned to a treatment room).

**Note that transient and common areas like restrooms and elevator lobbies should not be added to the occupant total since that would result in redundancy. Occupant totals should include people only once.**

### Renovation/Addition

If the project is new construction and involves relocation of a program or personnel from an existing facility, please describe what will become of the existing facility. If it is a renovation, please provide a listing of any major renovations that have occurred, such as installation of a new HVAC system. It is not necessary to list minor renovations such as addition of walls, new carpet, etc. To determine whether asbestos is present in the facility, consult the "Asbestos Management Plan" books housed at the site's physical plant or contact Facility Planning at [CapitalOutlay@la.gov](mailto:CapitalOutlay@la.gov). Provide the age and condition of the roof and any rooftop equipment in the blanks provided. If your project does not include renovation or addition to a building, some of the fields on this page may not apply to your project. Fill out what is applicable to your project.



<b>PAGE 1</b>	Project ID 538165	<b>Page 10</b>
<b>PAGE 2</b>	Project Level Agency	
<b>PAGE 3</b>		
<b>PAGE 4</b>	Renovation / Addition	
<b>PAGE 5</b>		
<b>PAGE 6</b>		
<b>PAGE 7</b>	Describe the condition of the building and previous renovations	The building was constructed in 1982 and consists of four stories above ground. Renovations have been performed on the 1st, 3rd and 4th floors in 1999, 2002 and 2004 respectively. The roof is from 2001, condition is good overall.
<b>PAGE 8</b>		
<b>PAGE 9</b>		
<b>PAGE 10</b>	Describe the extent of the proposed renovation / addition	Renovate existing second floor space to support treatment program. Work includes new finishes and relocation of some partitions. Electrical and HVAC systems will be replaced. (See additional comments on page 4.)
<b>PAGE 11</b>		
<b>PAGE 12</b>	Describe the location of occupants during renovation and required funding	Existing record storage will remain in place.
<b>PAGE 13</b>		
<b>PAGE 14</b>	What amount of the construction budget addresses modifications required to meet the "Americans with Disabilities Act Accessibility Guidelines (ADAAG)"?	\$55,000
<b>PAGE 15</b>		
<b>PAGE 16</b>	<b>Hazardous Materials</b> What hazardous materials are addressed in the construction budget? <input type="checkbox"/> Underground Storage Tanks <input type="checkbox"/> PCB's <input type="checkbox"/> Lead Paint <input type="checkbox"/> Asbestos <input type="checkbox"/> Other	
	Enter the date if site has been surveyed for underground storage tanks Provide contact information if the facility's asbestos management plan was consulted for abatement requirements. Contact Name Robert Smith Phone	
	<b>Roof</b> What is the current age, condition, and type of the existing roof and anticipated date of replacements? Age of Roof (yrs) 8 Condition Good Replacement Date 7/1/2001 Type 45 MI EPDM Describe roof penetrations, equipment, etc. Exhaust fans, stairwell skylights, etc.	

Provide a description of the project scope including the general layout, systems involved and equipment / furnishings necessary.

Note that additional space is available for use on Page 4.

## Page 11

This page is required information to show cost break-out for the project. This information is not applicable for equipment-only requests. Otherwise, please use Construction Cost table for space costs and Additional Line Item table for any other itemized costs besides equipment. If your project does not involve a building, the Additional Line Item Expenses table may still be used to enter itemized costs for materials involved in the project.

The total construction cost on page 11 should match the construction cost estimate amount entered on computer page 2. It is recommended that page 9, 11, and 12 be filled out before computer page 2. Computer page 9, 11, and 12 are worksheet pages that help produce figures related to project materials and costs. The figures may then be plugged into the Cost Estimates table so that all figures on the request are consistent.

### Special Cost Affecting Factors

Under Construction Costs, "List Special Cost Affecting Factors" refers to any item or requirement that drives the square foot cost to a level that is higher than standard. For example, a laboratory space will require fume hoods, separate zoning of the HVAC, installation of specialized equipment, etc. These requirements are going to affect the overall cost of the project and should be listed here. In this table, the space types that are similar can be grouped as they were in the "Facility Requirements" section. Each type of space that is a different cost, i.e. warehouse, lab, office, etc. should be grouped separately. Space type and net area will be copied for your convenience from Page 9.

### Construction Cost

Cost of construction, renovation, repair, demolition or other work, excluding land acquisition, professional fees, and other costs. This should include the cost of all fixed equipment, such as bathroom fixtures, laboratory and kitchen equipment, etc.

### Additional Line Item Expenses

Additional Line Item Expenses such as parking lots, utility tie-ins, etc. should be listed and described. This should be entered as a unit cost (if available) and total cost.

Date Prepared: 8/31/2010

Security system required for treatment of emotionally impaired

Provide information on how the costs were estimated. Provide additional information as necessary in the comments box on page 4.

For space related projects, area information is populated automatically from Page 9. Be sure to account for all costs, including demolition, etc.

For projects not related to space, use this section to calculate costs. Can also be used for additional costs in space related projects.

Cost of Construction Calculation (Provide COSTS/\$ F for Roofing Projects)					
Type of Space	Nat Area	Cost/\$ F	Nat Area	Cost/\$ F	Nat Area
Office		100	188		124,200
Reception		400	164		65,600
Waiting Rooms		800	125		75,200
Treatment Room		1,120	188		210,560
Restrooms		384	245		94,288
Precast		144	164		23,816
		0	0		0
		0	0		0
		0	0		0
		0	0		0
		0	0		0
		0	0		0
		0	0		0
		0	0		0
Burden Area		827	0		0
Total / Average / Total	4,192	183,261	452,956		

Additional Line Item Expenses (Parking, Utility Tie-In, Security System, etc.)	Item	Quantity	Unit Cost	Total
Security System		1	12 500	12 500
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Subtotal of Additional Line Item Expenses		0	0	0
<b>Total Construction Cost</b>				<b>825,430</b>

## Page 12

### Equipment Costs

Equipment costs are listed as item and total. If this is a first or current year request, an itemized breakdown should be attached on a separate sheet showing unit costs and estimated useful life of the equipment.

If you entered equipment cost data on this page, you must also indicate equipment cost information on Page 2, Cost Estimates, and vice versa. These are corresponding fields.

Please use categories to list equipment proposed for this project and comments section on computer page 4 to give specifics on equipment to be purchased, who will own the equipment, if it is new or used, itemized costs, condition of equipment at purchase, timeline for purchase of equipment, if construction or another aspect of the same project is involved, at what point in the project is the equipment needed, what the useful life of the equipment will be, etc.

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## Capital Outlay Request

Project ID 538165  
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Fiscal Year 2011-2012

Page 12

### Equipment Costs

Item	Item Costs
Movable furniture	42,000
Portable defibrillator	340
Computer equipment	48,000
Telecom equipment	27,000
	0
<b>Total Equipment Costs</b>	<b>117,340</b>

Provide estimates of moveable equipment here.

**Hint:** For projects involving new space, be sure to include furniture and other equipment based on the use of the space (computers and office equipment for office space, kitchen equipment for cafeteria, etc.).

Check this box if this program is for renovation or relocation of an existing program and the use of existing equipment discontinued. ☐

If so, explain.

If this project is a current year request, attach an itemized breakdown with unit costs and an estimated useful life of the equipment with final submission to Facility Planning

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### Operating Budget

The Operating Budget section should be used to indicate the increase or decrease in the operating budget as a result of the proposed state agency project. It should match the BR-1 and BR-2 submittals to the Office of Planning & Budget. It is necessary to meet with your Fiscal Officer or Budget Officer to prepare this correctly. It is also necessary to meet with this person so the operational funding will be requested to support the project in the agency's budget submittal. If the project is not feasible from an operations standpoint, your fiscal officer can indicate this at this time. Of course, if this is the scenario, there is no need to submit the request.

The first column of the table shows the current operational funding. The second column indicates the change in required funding due to the proposed project. The top half of the table shows expected expenditures. The bottom half shows the proposed means of financing. The proposed financing should equal the anticipated expenditures. If not, modify your entries so that the table will balance.

### Total Expenditures

This data represents Total Expenditures over the next five (5) years. Since this is a request for operational funds, it may not be necessary to increase your operating budget in the first fiscal year. For example, if a project has 12 months of planning and 18 months of construction, it will probably be three years before any additional operational funds are needed. Therefore, request the additional funds in the third year. Unless a major change is anticipated in the operating budget, we generally increase the funding request by 4% (a typical inflation rate for each following year).



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## Capital Outlay Request

Fiscal Year 2011-2012

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Page 1	Project ID 538165	Page 2	Project Level Agency	Page 3	Operation Budget(Expenditures)	Page 4	Existing Operating Budget Current Year Budgeted	Page 5	Annual Projected Increase (Decrease) After Project Completion
Page 6	Should match submittals BR-1 and BR-2 to Office of Planning and Budget)	Page 7	Salaries	Page 8	Other Compensation	Page 9	Related Benefits	Page 10	Travel
Page 11	Operating Services	Page 12	Supplies	Page 13	Professional Services	Page 14	Other Services	Page 15	Debt Services
Page 16	Interagency Funds	Page 17	Acquisitions	Page 18	Major Repairs	Page 19	Unallocated	Page 20	Total Expenditures
Page 21	Total Positions	Page 22	Operation Budget(Financing)	Page 23	State General Fund(Direct)	Page 24	Interagency Transfer	Page 25	Fees and Self-Generated Rev.
Page 26	Statutory Dedications	Page 27	Interim Emergency Board	Page 28	Federal Funds	Page 29	Total Financing	Page 30	Balance
Page 31	Excess/Deficiency of Expenditures Over Financing (should = 0)	Page 32		Page 33		Page 34		Page 35	

Should show total current operating budget without project. Show operating budget at the level impacted by project. For example, total department budgets are not appropriate for a single location. **Hint:** If the building and program are new, this column should be zero. If a program is being relocated include operating costs at current location.

Should show changes in the operating budget line items as a result of requested project completion

Should show distribution of existing operating budget funding sources

Should show changes in operating budget funding as result of requested project completion.

Total Expenditures and Total Financing to be the same. Balance is automatically calculated by the system and should be equal to 0.

The impact of a project on operating costs is an important contributor to feasibility and prioritization. In order for a project to be "feasible" it is necessary for ongoing operations costs to be identified and budgeted.

### Operating Budget (Summary)

This data represents Total Expenditures over the next five (5) years. Since this is a request for operational funds, it may not be necessary to increase your operating budget in the first fiscal year. For example, if a project has 12 months of planning and 18 months of construction, it will probably be three years before any additional operational funds are needed. Therefore, request the additional funds in the third year. Unless a major change is anticipated in the operating budget, we generally increase the funding request by 4% (a typical inflation rate for each following year).



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**Capital Outlay Request**

Fiscal Year 2011-2012

Project ID 538165

Project Level Agency

**Operating Budget (Summary)**

	Year 1	Year 2	Year 3	Year 4	Year 5
State Gen. Fund (Direct)	9,685,354	9,685,354	10,397,345	11,109,135	11,109,135
Interagency Transfer	0	0	0	0	0
Fees/Self-Gen. Revenue	8,034,936	8,034,936	8,625,517	9,216,099	9,216,099
Statutory Dedications	912,073	912,073	979,112	1,046,151	1,046,151
Interim Emergency Board	0	0	0	0	0
Federal Funds	0	0	0	0	0
Total Means of Financing	18,632,363	18,632,363	20,001,974	21,371,385	21,371,385

**Comments**

Operating increase due to expansion of staff to occupy renovated space, additional cleaning, maintenance and repair for space and supplies associated. Distribution of financing sources for the increase assumed to match distribution of existing funding. Increase assumed to start at project completion, midway through year 3 and continue in full in years 4 and 5. No inflationary increases shown in budget, actual budgets may increase slightly due to inflation

Show projections of operating funding 5 years beyond start of project with new budget required as a result of project. Operating funds increases may not be required until later years.

Use this text box to explain the reasons for operating budget increases (or decreases) and any assumptions used in the calculations

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## Page 16 (Departments of State of LA only)

### Instructions for Using The Online Space Utilization:

If you selected "yes" while completing the budget request on Page 9 under Facility Requirements, then you are required to complete a Space Utilization Plan. It will be Page 16 in the eCORTS application.

### Space Utilization Plan

R.S. 39:102 requires the Capital Outlay Budget Request to include a space utilization plan for the requesting agency. A space utilization study must be submitted for all project requests that involve construction of new or additional space. It is not necessary to submit a space utilization plan for projects such as Asbestos Abatement, Roof Repairs, Road Repairs, Sewer Improvements, etc.

### Guidelines for Completing a Space Utilization Study

Explain how the agency determined that a new facility or addition was required. The purpose of this evaluation is to show a before/after scenario and its relationship to a recognized benchmark or standard. One way of expressing this relationship is to first show all existing usable square footage (s.f.) that is of a similar type. For example, if you are requesting a new laboratory building, all existing laboratory square footage should be shown. Also, any other square footage that could be converted to a lab should be shown, separately. Next, compare the existing space and its usage with any benchmark or standards. The benchmark used should be one that is recognized among most institutions within your industry. The intent of the comparison is to measure the s.f./person, number of beds or number of cells, etc. as it relates to the benchmark. The maximum or peak and average or typical occupancy of the facility should be considered in the evaluation. For areas that are not "occupied", such as a loading dock, consider the equipment and other space requirements.

Once total existing usable s.f. has been calculated, add the proposed project s.f. to the existing s.f. and recalculate the s.f./person, etc. and show how the addition of the proposed project affects the relationship you have established with the benchmark. This study of existing space should assist you in the decision to request additional space, renovate, or re-examine the efficiency of your existing facilities. If existing space is determined to be inadequate for conversion or renovation, explain why and what will become of this space. For example, will this space be renovated and fall into another space category? The square footage of this space should be shown and its deletion from the existing space indicated.

All standards, guidelines, and definitions used by the requesting agency shall be submitted for comparison and clarification. The space utilization study shall include gross and usable area as explained below.

### Definitions:

**Gross Area** - This is the sum of the floor areas of all levels of a building which are totally enclosed within the building envelope.

**Usable Area** - This is the floor area of a facility that can be assigned to occupant groups. Usable area includes the area of interior walls, building columns and projections and secondary circulation. Usable area excludes exterior walls, major vertical penetrations, primary circulation, building core, and building service areas.

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**Capital Outlay Request**

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**Space Utilization Plan**

Project ID 538165

Project Level Agency

Schedule No: 01-100

Department: 01 EXECUTIVE DEPARTMENT

Agency: 100 EXECUTIVE OFFICE

Local User Facility: VFA

Prepared By: Robert Smith

Project Title: Offices for Southern Louisiana Health Center

**Detail plan here:**

Program currently housed in 1st, 3rd and 4th floors of existing building. Program requires additional space to expand. Currently vacant space on second floor of building to be fit out to accommodate additional area needed. Support and administrative space provided on the existing floors can support most of the expanded program, as a result the focus of the renovation will be on direct service space. See distribution of space on page 9. The ratio of direct service space to administrative space in the existing occupied area is 60% to 40%. With the addition of the newly renovated space, the ratio changes to 75% direct service to 25% administrative and support overall, which is consistent with agency guidelines and industry standards. When completed the net area per service provider will be 120 square feet, which is 10% below industry recommendations, but within acceptable tolerances to operate.

This page is available only if new space is identified on Page 9. Use this box to describe how the space is to be used and reference applicable metrics.

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## **eCORTS Help**

### **Need a USER ID?**

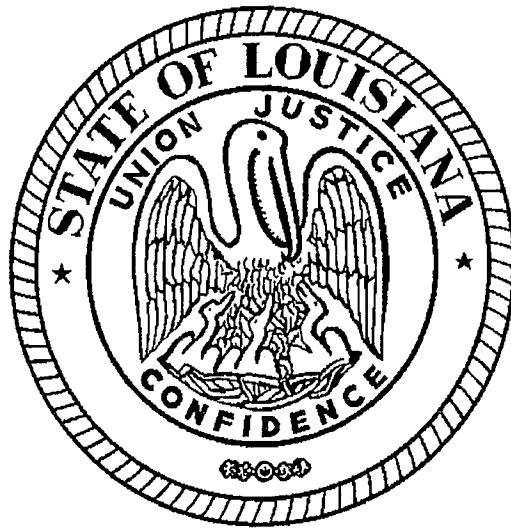
If you have never used the eCORTS System before, you must first request a USER ID for eCORTS. The link to do this is located on the log in screen for eCORTS. After you submit the request for a USER ID, an email response from Capital Outlay with your USER ID and first time log in instructions will be sent to you within three working days. Please do not call or email Capital Outlay for a status on your USER ID. If you are locked out of eCORTS, please email [CapitalOutlay@la.gov](mailto:CapitalOutlay@la.gov) to have your USER ID unlocked.

### **Request Not Printing**

You must have Adobe Acrobat on your computer to be able to print the request you have entered. A free download is available on the Adobe Acrobat website. You can link to this site from the eCORTS Home Page [www.doa.la.gov/ecorts](http://www.doa.la.gov/ecorts).

### **Pages Not Saving**

Make sure you are using Internet Explorer 6.0 or a later version for your browser. A free download is available on the Microsoft website. You can link to this site from the eCORTS Home Page [www.doa.la.gov/ecorts](http://www.doa.la.gov/ecorts).



# State Capital Outlay Training Manual

## Chapter 4: Capital Outlay Budget Execution

## **Key Points**

- It is important to understand the difference between receiving an appropriation and receiving funding. For General Obligation Bond funding, the Act indicates what has been appropriated. The appropriation must be funded through the issuance of a line of credit.
- All Agencies with an appropriation in the Act will receive an Appropriations Memorandum from the Commissioner of Administration.
- For new Priority 2, 3, 4, or 5 funding, an Agency must submit a Request for Line of Credit form.
- For existing projects receiving supplemental funds in the form of General Obligation Bonds Priority 2, 3, 4, or 5, a new Request for Line of Credit form is required.
- For existing projects that are only receiving Re-Authorized funds, no forms are needed.
- Reauthorization for previous lines of credit occurs in July.



# State of Louisiana

Division of Administration  
Office of the Commissioner

## MEMORANDUM

DATE: July 26, 2011

TO: Statewide Elected Officials, Department Secretaries, Fiscal Officers, Higher Education Boards and Institutions

FROM: Paul W. Rainwater  
Commissioner of Administration

RE: Act 22 of 2011 – Capital Outlay Appropriations

The purpose of this memorandum is to provide information concerning the next steps in the capital outlay process for projects receiving appropriations in Act 22 of 2011 (the FY12 Capital Outlay Act). The enclosed page(s) from the FY12 Capital Outlay Act include the projects appropriated for your agency.

The two primary steps in this process are:

1. A **REQUEST FOR LINE OF CREDIT** form must be submitted for General Obligation Bond funded projects. Bond appropriations are not funded until Lines of Credit are granted by the State Bond Commission. Although this form is not required for the reauthorization of existing lines of credit, new lines of credit cannot be recommended if this form has not been received by the Division of Administration. Please submit all required Request for Line of Credit forms by August 19, 2011.
2. A **PRELIMINARY PROGRAM** must be submitted for all projects.



All requests and submittals must be accompanied by documentation of the authorization and approval of the respective board, department or other governing authority under whose jurisdiction the local user agency functions. Any correspondence with Facility Planning and Control regarding the project must reference the name of the project *as it appears in the Capital Outlay Act*, and the state project number, which is the number written next to the project name on the attached list.

#### REQUESTING A LINE OF CREDIT:

All Elected Officials, Department Secretaries, or Fiscal Officers requesting a line of credit must complete a *Request for Line of Credit Form* and send a copy to each of the following:

State Bond Commission	Office of Attorney General	Division of Administration
P.O. Box 44154	Civil Division	Facility Planning & Control
Baton Rouge, LA 70804	Public Finance & Contracts	Capital Outlay Section
	P.O. Box 94005	P.O. Box 94095
	Baton Rouge, LA 70804	Baton Rouge, LA 70804

The form can be downloaded from <http://www.doa.louisiana.gov/fpc/download1.htm>.

The Commissioner of Administration will forward recommendations for lines of credit to the State Bond Commission as appropriate. Lines of credit should not be requested unless you are ready to award contracts. Only those funds that are anticipated to be spent in a single year should be requested as a cash line of credit. The remaining funds should be requested as a non-cash line of credit. If lines of credit are not granted during the current fiscal year for the total requested state funding, a new Capital Outlay Request should be submitted by November 1<sup>st</sup> for the subsequent fiscal year.



## PRELIMINARY PROGRAM/DESIGNER SELECTION:

Construction projects funded by these appropriations are typically initiated by a request for the selection of a professional designer, particularly an architect, engineer or landscape architect. No such designer selection will be considered unless the following conditions have been met:

1. The site has been identified by the user agency and the Site Code provided.
2. An architectural or engineering program, or scope of services, describing the user's requirements is provided in the format prescribed by Facility Planning and Control.

The prescribed format may be found on FP&C's website under "**CAPITAL OUTLAY, Downloadable Forms, Download Program Form (Excel Format).**" For a printed copy of the Program Form please contact Capital Outlay at [capitaloutlay@la.gov](mailto:capitaloutlay@la.gov) or (225) 342-0823. For assistance with the project program, please contact the Senior Manager for your agency. The Senior Manager's name can be found on the first page of the Program Form.

If the project is a renovation or addition, or involves existing buildings in any way, the State ID for the existing building or buildings must be provided. The Site Code and State ID can be found in the Facility Management Application web site at <http://www.gcr1.com/fpc>.

Facility Planning and Control will not proceed with the selection of a designer until funding is available to cover the design and design-related costs. For General Obligation Bond funded projects, this means that a line of credit must have been granted by the State Bond Commission, or bonds must have been sold. Funding is considered available for those projects funded with State General Fund Cash at the time the Bill is enacted. For projects funded with other means of financing, Facility Planning and Control should be contacted for specific requirements. Facility Planning and Control will continue to place significant emphasis on the need for a thorough program prior to selection of a designer this year. The program must be consistent with the Capital Outlay request and the language of the Capital Outlay appropriation. The Programming Guidelines can be found at <http://www.doa.louisiana.gov/fpc/guide.pdf>. As a minimum, the program must contain the requirements set forth in the preliminary program outline for renovation or new construction projects, copies of which are attached to this letter. It is

imperative that the program be realistic in order for the project to be constructed within the funds appropriated. The program will be included in the designer's contract and will serve as the scope of work for the project. For certain projects it may be necessary to contract for a professionally prepared program prior to proceeding with the selection of a designer. The user agency will be notified if the program is inadequate. Otherwise, Facility Planning and Control will proceed with the selection of a designer through the appropriate professional selection board or by direct appointment.

When the design contract has been fully executed, Facility Planning and Control will schedule the Pre-Design Conference with the user agency and the designer. The project budget will be presented, deadlines for completion of design phases will be established, and the designer and user agency will be advised of the mandate that the designer must prepare construction documents within the funds available for construction. The program cannot be changed without the prior written approval of Facility Planning and Control. The project will not be advertised for construction unless funds to award the construction contract are available from cash appropriations, bond sale proceeds, or lines of credit.

#### **LAND OR BUILDING ACQUISITION PROJECTS:**

For land or building acquisition projects, a legal description of the property, the name and phone number of your agency contact person, and the name and phone number of the land or building owner must be furnished to Facility Planning and Control.

#### **REVENUE BOND FUNDED PROJECTS:**

If Revenue Bonds are not issued during the current fiscal year, a new Capital Outlay Request should be submitted by November 1<sup>st</sup> for the subsequent fiscal year.

## **FUNDING OF EQUIPMENT:**

Equipment allocations will not be established unless funds were specifically requested and appropriated for this purpose. In order to establish an equipment allocation, the user agency must submit an itemized list of equipment indicating the estimated cost for each item. State Purchasing has gone through the process of advertising, reviewing technical specifications, etc., and awarding various types of furniture and equipment contracts. Rather than duplicate this effort, all agencies must utilize appropriate state contract furniture and equipment when available. Only after receipt of the itemized list will Facility Planning and Control authorize the user agency to proceed with the purchase of equipment. Vehicles and supplies cannot be purchased with capital outlay equipment funds. Equipment purchased without prior written approval of Facility Planning and Control is the responsibility of the user agency and will not be paid from capital outlay funds.

## **INTERIM EMERGENCY BOARD (IEB):**

Section 1 of the Capital Outlay Act sets forth the procedures and requirements to be followed for projects funded through General Obligation Bonds. The general rule is that no bonds shall be sold to fund any lower priority project prior to the sale of bonds to fund all higher priority projects. In other words, all Priority One projects must be sold before Priority Two, then Two before Three, etc. This same rule would apply to establishing lines of credit. In order to move a lower priority project to a higher priority, the user agency must certify "an emergency or other cause not reasonably anticipated by the legislature" in letter form to Facility Planning and Control, and request this office to submit the matter through the Commissioner of Administration to the Interim Emergency Board. The Interim Emergency Board will not consider any request for change of priority without the recommendation of the Commissioner of Administration. If the Board approves the change, it is then submitted to the members of the Legislature for their approval by mail ballot. Upon this approval, the priority will be changed and the user agency will need to follow the line of credit procedure in the preceding paragraphs. Because of the amount of bonds already contained in Priority One, the limitation on the approval of lines of

credit, and the limitation on bond sales, it will be extremely difficult, if not impossible, to move projects up in priority. Any requests for priority changes will be screened very carefully.

When necessary to implement the purpose of a project, the Interim Emergency Board can make adjustments to a project description to correct an error, clarify the description, change the scope of the description, or any other adjustments it deems necessary. The Interim Emergency Board will not consider any request for adjustments to a project description without the recommendation of the Commissioner of Administration. A letter requesting such adjustments should be submitted to Facility Planning and Control. If the Board approves the adjustment, it is then submitted to the members of the Legislature for their approval by mail ballot.

In order to facilitate better understanding of the Capital Outlay process, the Office of Facility Planning and Control is offering a training seminar on "Capital Outlay procedures for State Agencies." Topics will include an overview of the capital outlay process, proper completion of the eCORTS form, the capital outlay request review process and feasibility. **If you anticipate the submission of capital outlay requests for FY13 and have any questions at all about capital outlay, you are strongly encouraged to send an appropriate representative to this training session.**

The seminar is scheduled for Wednesday, August 10, 2011 from 9:30 a.m. to 3:00 p.m. at the Claiborne Building, Louisiana Purchase Room #1-100, 1201 North Third Street, Baton Rouge. We will be breaking for lunch at 11:30 a.m. and participants will have approximately one hour for lunch. Although lunch will not be provided, there is a cafeteria in the Claiborne building and many other places that serve lunch in the downtown area.

Please note that we will not be providing copies of the training manual at the seminar. However, the manual will be available online for printing no later than close of business Monday, August 8, 2011. If you would like to have a hard copy during the seminar, please plan to download and print one prior to attending.

To make reservations for the class, please e-mail [capitaloutlay@la.gov](mailto:capitaloutlay@la.gov), or phone (225) 342-0823.

**If you have any questions or need additional information, please contact the Capital Outlay  
Section of Facility Planning and Control, Division of Administration, at (225) 342-0823.**

PWR/jcv

c: State Legislators (Memo only)  
House and Senate Staff (Memo only)  
Whitman Kling, State Bond Commission (Memo only)  
Richard McGimsey, Office of the Attorney General (Memo only)

Enclosures: Page(s) from Act 22 of 2011  
Request for Line of Credit Form (if applicable)  
Preliminary Program Form



# Facility Planning & Control PRELIMINARY PROGRAM FORM

July 28, 2011

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**CONTENTS:** Refer to the tabs on the bottom this screen to access all the pages associated with this form.

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- 1) Preliminary Program Information - General overview of the project and its description
- 2) Existing Space - This form is used to describe the current spaces and any special considerations required.
- 3) New Space - This form is used to describe the new spaces needed in a project.
- 4) Utilities - This form is used to list all the current utilities on site and the contact information for the utilities company.
- 5) FP&C Check List - This form is to be used by FP&C to start the evaluation process of the program.
- 6) Burden Factors - Lists some representative burden factors.

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Please contact the Senior Manager for your agency for assistance with the program.

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Executive Department, Elected Officials, Department of Culture Recreation and Tourism, Ancillary Appropriations, Agencies not Listed Elsewhere

Lisa Smeltzer, Senior Manager      Lisa.Smeltzer@LA.GOV      225-342-0816

Department of Public Safety and Corrections, Department of Health & Hospitals, N. O. Adolescent Hospital, Department of Social Services, Department of Natural Resources, Department of Environmental Quality, Department of Wildlife and Fisheries,

Gary Judice, Senior Manager      Gary.Judice@LA.GOV      225-342-6238

Louisiana State University Health Care Services Division and Health Sciences Center

Mark Bell, Senior Manager      Mark.Bell@LA.GOV      225-342-2069

Education: Louisiana State University, Southern University

Steve Losavio, Senior Manager      Stephen.Losavio@LA.GOV      225-342-0832

University of Louisiana, Louisiana Community and Technical College System, Louisiana Special Education Center, Louisiana School for Math, Science and the Arts, Louisiana School for the Deaf, Louisiana School for the Visually Impaired

Chris Whitmire, Senior Manager      Chris.Whitmire@LA.GOV      225-219-4422

Education: Louisiana State University Health Care Services Division – New Orleans

Tom Rish, Senior Manager      Thomas.Rish@LA.GOV      225-219-4273

Statewide Roofing

Charles Cusick, Senior Manager      Charles.Cusick@LA.GOV      225-219-4275

LSU HSC New Orleans

Barry Hickman, Senior Manager      Barry.Hickman@LA.GOV      504-568-8542

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## General Information:

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\* This form is to be submitted with any request for the selection of an architect, engineer or landscape architect (designer.) This form is meant to help the User Agency compile the required information for the designer's contract.

# PRELIMINARY PROGRAM FORM

for medium to large scale, complex projects

Department of Administration

Facility Planning and Control



Description of Project:

<u>Priority Rank:</u>	<u>Project type:</u>	<u>Project Mission:</u>
<u>Location</u>		
<u>Umbrella Agency/Department:</u>		
<u>User Agency:</u>	<u>Agency Mission:</u>	
<u>Contact Name:</u>	<u>Agency Strategic Plan:</u>	
<u>Contact Phone Number:</u>		
<u>Contact Fax:</u>	<u>Facility (Campus) Master Plan:</u>	
<u>Contact Email:</u>		

## EXECUTIVE SUMMARY

Describe the project's size, type, scope, and its proposed location:

Relate the project need and specific objectives to the agency's mission statement and Strategic Plan.

What is the cost of this project and why is this project the most cost-effective and practical solution to this need? What are the proposed funding sources?

Explain the functions and performance characteristics of the completed project.

Are there any special requirements for this project?

What are the key milestone dates (or time frame)? Include move-in date.

List any contingencies, significant unresolved issues, or requirements necessary for completion of the project (legislation, action of courts, funding agreements, grant restrictions, or similar unresolved issues or requirements)

What alternatives were considered and why were they rejected?

List effects, if any, this project may have on surrounding facilities, programs, or other agency projects.

#### **SUPPLEMENTAL INFORMATION**

Is there a model for this facility? Is there a prototype for certain types of spaces, functions, or materials? Describe or attach examples. Include journal or professional articles.



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**INSTRUCTIONS: Fill in entire form. Every box must be completed. If requirement is not applicable, say why.**

\* Description of Project: Type and size of building or renovation. Include special features of project. What level (grade) of construction is to be used?

\* Priority Rank: Rating within agency Project Type: Renovation, new building, or leased space Project Mission: How does the building fit into the agency's plans. Is this a new program or an existing program? Architectural features included in project shall contribute to the mission of the building and/or renovation.

\* Agency Strategic Plan: Long range plans and goals that strengthen the agency mission. Strategic plan should anticipate growth. Project mission should be part of agency strategic plan.

\* Facility Master Plan: Include age of facility, activities that occur there now and that shall occur in the future, include design standards for exterior and interior. Attach current master plan or other documentation. Are there architectural standards required for the facility campus.

\* The purpose of an executive summary is to provide the essential arguments for approval of the project in the fewest words possible.

\* Describe the project's size, type, scope, and its proposed location: If a renovation, describe if project is to repair an existing facility, replace deteriorated building components, upgrade existing building components, replace functionally obsolete spaces, change of use in building, correct code violations, hazardous material abatement.

\* Relate the project need and specific objectives to the agency's mission statement and Strategic Plan. Project justification should correlate with agency mission and agency strategic plan. Include where you are now and where you want to go. Make sure that growth is anticipated.

\* What is the cost of this project and why is this project the most cost-effective and practical solution to this need? What are the proposed funding sources? Include life cycle costs and operating costs associated with this project.

\* Explain the functions and performance characteristics of the completed project. Include any special mechanical, electrical, plumbing, or building requirements.

\* Are there any special requirements for this project?: Is phasing required? If renovation, where will present occupants be housed during renovation? What site considerations will be involved?

[illegible]

Special Comments. List any additional information pertaining to the project.

\* Refer to the FM program to confirm if there is asbestos present in the building. The web site is <http://www.gcrl.com/fpc/>

\*Under "Special Equipment" list any equipment this is going to be required in in the space. Also include the number of devices. Special Equipment would not include standard office equipment like computers, printer or phones.


\* Under "Renovation/ Remain" list if the space is going to remain in current condition and function or will it be renovated. If the function of the space is going to change then list it under comments.

\*If there are any spaces that have a proximity relationship to other spaces list the spaces and there relation ship under comments.

\* If there are any questions concerning the burden factor see "New Space."



[illegible]

<b>Utilities Data Sheet</b>	State Agency		Facility Planning and Control 1201 N. 3rd Street Baton Rouge, LA 70804		
	Project				
	Date	State ID #			
Are there any requirements for a utilities investigation on the site?					
Type of Utilities	Type/ size	Located on site plan	Supplier of Utilities	Comments	
Electricity					
Natural Gas					
Water Line					
Chilled water Line					
Steam lines					
Sanitary Sewage Lines					
Telephone					
Cable					
Fiber optic lines					
Storm Drain					
Irrigations system					
Supplier Name	Address		Phone	Contact person	
			Ph		
			Fax		
			Ph		
			Fax		
			Ph		
			Fax		
			Ph		
			Fax		
			Ph		
			Fax		
			Ph		
			Fax		
Site Plan	Sketch site and location of utilities known if site plan not available				

**INSTRUCTIONS: All the information concerning the utilities associated with the site needs to be described in the form.**

\* If there are any questions concerning this form contact the Senior Manager assigned to the facility mentioned in the form.

\* Under "Comments" list any problems or the current conditions of the utilities.

\*If a hard copy of the site plan is available attach a copy of the plan to this form.

\*The site plan is used for general purposes only.

\*Show all servitudes and boundaries that are known.

# FACILITY PLANNING AND CONTROL CHECKLIST

To be completed by FP & C

Incomplete submittals will be returned with a completed copy of this checklist.



		COMPLETE	INCOMPLETE	MISSING OR UNKNOWN	NOT APPLICABLE	COMMENTS
SQUARE FOOTAGE REQUIREMENTS	List of core program requirements					
	List of administrative and support spaces					
	Storage for support and core functions					
	Special space requirements					
	List of major specialized space needs (labs and similar space needs, listed under core spaces)					
	Listing of infrastructure support spaces (listed under Secondary Spaces)					
	Space relationships of core programs and support facilities (Comments)					
	Calculations of total net and total gross square foot area					
	Financial Calculations of project cost based on gross square footage and cost per square foot					
OTHER	Symbolic or Aesthetic Requirements					
	Zoning Issues					
	Historical Districts, historical site or Landmark Building Status					
	Codes and Regulations					
SITE ISSUES	Exterior grounds and site requirements. Vistas or points of interest					
	Environmental and/or EPA Issues					
	Public right-of-way(s) and/or easements.					
	Adequate capacity of existing utilities? Utility extensions required? Age of central plant.					
	Under/Above ground storage tanks. Hazardous material handling/storage.					
	Access to public transportation.					
	Vehicle/pedestrian access and circulation					
	Parking and basis for sizing					
	Additional Site work, raising of site, other mitigation, special transportation access					



BUILDING OPERATIONS	Special MEP Issues				
	System Compatibility Issues (existing equip.)				
	Telecommunications/Voice/Data/Audio				
	Lighting Requirements				
	Acoustical or Sound Separation Requirements				
	Security Requirements				
	Special Equipment				
	Food Service Operations				
	Shipping and Receiving				
	Waste and Refuse Removal, Containment				
BUDGET ISSUES	Have life cycle costs been addressed?				
	Are additional operating funds available and approved?				
	Is leased space or temporary facilities required for project?				

**General Note**

\*This page is to be used as a guide as to the information that will be looked for by FP&C in determining the completeness of the form.

# Space Planning

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BUILDING TYPE	BURDEN FACTOR
Administrative	1.50
Apartment	1.56
Auditorium	1.42
Bank	1.40
Biology	1.61
Chemistry	1.70
Church	1.42
Classroom	1.52
Courthouse	1.62
Department Store	1.23
Dining Hall	1.38
Dormitory	1.54
Engineering	1.64
Fraternity	1.60
Garage	1.18
Gymnasium	1.42
Hospital	1.83
Hotel	1.58
Laboratory	1.71
Library	1.32
Office	1.35
Restaurant	1.41
Science	1.67
Service	1.20
Student Union	1.72
Warehouse	1.08

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\*The burden factor is intended to include such things as corridors, mechanical and equipment rooms, restrooms, stairs and elevators

\* This sheet is to be used as a guide only. There could be other factors associated with a building that could either raise or lower these Burden Factors.

## REQUEST FOR LINE OF CREDIT

The purpose of this Request is to gather information and representations which will assist the Attorney General of the State of Louisiana and Bond Counsel to the State of Louisiana in determining whether the moneys from the line of credit being requested by you and to be issued by the State Bond Commission on your behalf and/or use of proceeds of the State of Louisiana's general obligation bonds issued on your behalf will comply with the Louisiana Constitution, the provisions of the Internal Revenue Code of 1986, as amended (the "Code"), and applicable income tax regulations to insure that interest payable by the State on such bonds will be tax exempt. If you have questions regarding this questionnaire, you can contact the Public Finance Section of the Attorney General's Office at (225) 326-6020.

In order to obtain a line of credit, you must establish that the project is ready to proceed and that there is no impediment to the sale of bonds by the State on the date the line of credit is granted.

Responses to the questions herein may be stated in the spaces provided or on attachments to this Request. The Request should be approved and signed by a duly authorized representative who is responsible for coordination of the legal and financial matters and concerns of your entity in connection with the proposed bond issue. Please respond as accurately as possible.

1. REQUESTED BY: \_\_\_\_\_  
(Agency or Department)

REQUESTED FOR: \_\_\_\_\_  
(Agency or Department)

2. Project Description as found in the Capital Outlay Act:

**COPY PROJECT TITLE FROM PAGE OF THE ACT ENCLOSED WITH APPROPRIATION MEMO**

3. Justification for the request for a line of credit (include anticipated timing of the expenditures):

**EXPLAIN WHY FUNDING IS NEEDED AND WHEN FUNDING IS NEEDED**

4. Amount and priority of appropriation as stated in the Capital Outlay Act:

**COPY AMOUNTS FROM PAGE OF THE ACT ENCLOSED WITH APPROPRIATION MEMO**

Priority 1	\$	_____
Priority 2	\$	_____
Priority 3	\$	_____
Priority 4	\$	_____
Priority 5	\$	_____

5. Priority and amount of cash line of credit requested:

**REQUEST TOTAL AMOUNT APPROPRIATED FOR EACH PRIORITY**

PRIORITY	1	\$	_____
PRIORITY	2	\$	_____

6. Amount of priority 5 non-cash line of credit requested: \$ \_\_\_\_\_

7. Projected cash flow for line of credit. Total funds to be spent within each time period (not cumulative):

1-6 months	7-12 months	13-18 months	19-24 months
\$ _____	\$ _____	\$ _____	\$ _____
25-30 months	31-36 months	<p style="text-align: center;">Total Line of Credit Requested  <b>Should equal total of questions 5 and 6</b></p> <p style="text-align: center;">\$ _____</p>	
\$ _____	\$ _____		

8. Break out the anticipated use of the money by category (e.g. planning, land acquisition, construction, equipment) for costs of the project:

Facility, Land, Equipment or Other Capital Expenditures Including Interest During Construction (Please Describe)	Asset Life in Years (ADR midpoint or Appraisal)	Date Placed In Service or Anticipated to be Placed in Service
<b>THESE CATEGORIES CORRESPOND TO THOSE ON THE CAPITAL OUTLAY REQUEST. IF YOUR APPROPRIATION IS FOR LESS THAN THE REQUESTED AMOUNT OF STATE FUNDING, THIS IS YOUR OPPORTUNITY TO EXPLAIN HOW FUNDS CAN BE USED TO "FUNCTIONALLY ADVANCE" YOUR PROJECT.</b>	<b>INDICATE LIFE EXPECTANCY OF STRUCTURES AND EQUIPMENT. ALSO INDICATE WHEN YOU WILL COMPLETE CONSTRUCTION AND/OR BEGIN USING THE NEW/RENOVATED FACILITY OR EQUIPMENT.</b>	<b>INDICATE THE AMOUNT OF THE REQUESTED LINES OF CREDIT THAT WILL BE USED FOR EACH CATEGORY TO THE LEFT</b>
Total		Amount _____ \$ _____

9. Are you requesting that any portion of the moneys be used to reimburse you or others for expenditures incurred by you or by others before the granting of the line of credit or issuance of the general obligation bonds? If yes, please give details including nature of the expenditures, source of payment of the expenditures and time when such expenditures were incurred.

Yes (   )                      No (   )

10. Do you currently anticipate the future sale of any portion of the project? If yes, please describe the anticipated sale.

Yes (   )                      No (   )

11. Will any portion of the proceeds be used (directly or indirectly) to make or finance loans to private persons or entities? If yes, please describe.

Yes ( ) No ( )

12. Will there be a private or non-governmental user of the project?. If yes, please list the private and/or non-governmental user of the project and state their interest in the project. A principal user includes each person and/or entity who owns more than 5% of the project (if no one owns more than 5%, name the person and/or entity who owns the largest ownership interest in the project), each person and/or private entity who leases 5% or more of the project, each private recipient of more than 5% of the use or services of the project, managers or operators of facilities under contracts with terms exceeding two years or terms which provide for payment based on a percentage of fees or revenues.

Yes ( ) No ( )

13. List the name of the entity in which the project will be titled.

14. Is there any requirement to repay the State any moneys for this project? If yes, set forth the terms of the repayment.

Yes ( ) No ( )

15. Does your entity or the project generate revenues that will be used to make payments to the State? If yes, describe (i) from whom the revenues are obtained, (ii) the revenues, income or payments to the State, and (iii) the agency, accounts or funds to which they are deposited.

Yes ( ) No ( )

16. Will any portion of the proceeds be used to finance a Project which will be used primarily by private persons or entities or those doing business with such entity? (For example, a road or a building which will service only a private industry or industrial park.) If yes, please describe.

Yes ( ) No ( )

17. Do you anticipate a management contract or lease being entered into regarding all or any portion of the Project. If so, please attach a copy of all contracts, management contracts, leases or subleases of space with private persons and/or entities relating to the Project. Please describe any anticipated contracts, management contracts, leases or subleases with private persons and/or entities relating to the Project, including, without limitation, rent square footage, square footage percentage of the whole Project, proposed use, payment provisions, etc.

Yes ( ) No ( )

18. Do you presently expect to change the use of the Project in any way that is not described elsewhere in this Questionnaire? If yes, please describe.

Yes ( ) No ( )

19. Is there is a match requirement for the Project? If yes, please describe the amount and nature of the match and attach verification of the existence and availability of the match and the commitment to use the match for the Project.

Yes ( ) No ( )

20. Does the Capital Outlay Act contains a specific condition for the Project, other than matching funds?  
If yes, describe the condition and attach verification that the requirements of the condition have been met.

Yes ( ) No ( )

**THE ANSWER FOR MOST APPROPRIATIONS WILL BE "NO". IF THERE IS SPECIAL LANGUAGE CONTAINING SPECIFIC CONDITIONS, IT WILL BE LOCATED DIRECTLY BENEATH THE APPROPRIATION.**

The undersigned does hereby certify that he/she is the duly authorized and acting representative of the \_\_\_\_\_ that the responsibilities of such position include responsibility for coordination of the legal and/or financial matters of the \_\_\_\_\_; in connection with the bond issue in question; that he/she is authorized to provide the information and representation contained herein for your use and reliance in rendering the opinion requested of you; that the information and representations contained herein are accurate and complete; and that if any of the information changes after the date of execution hereof but prior to the issuance of the Bonds for the Project, I will attempt to notify the Attorney General's Office, Public Finance Section.

Dated: \_\_\_\_\_ 200\_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

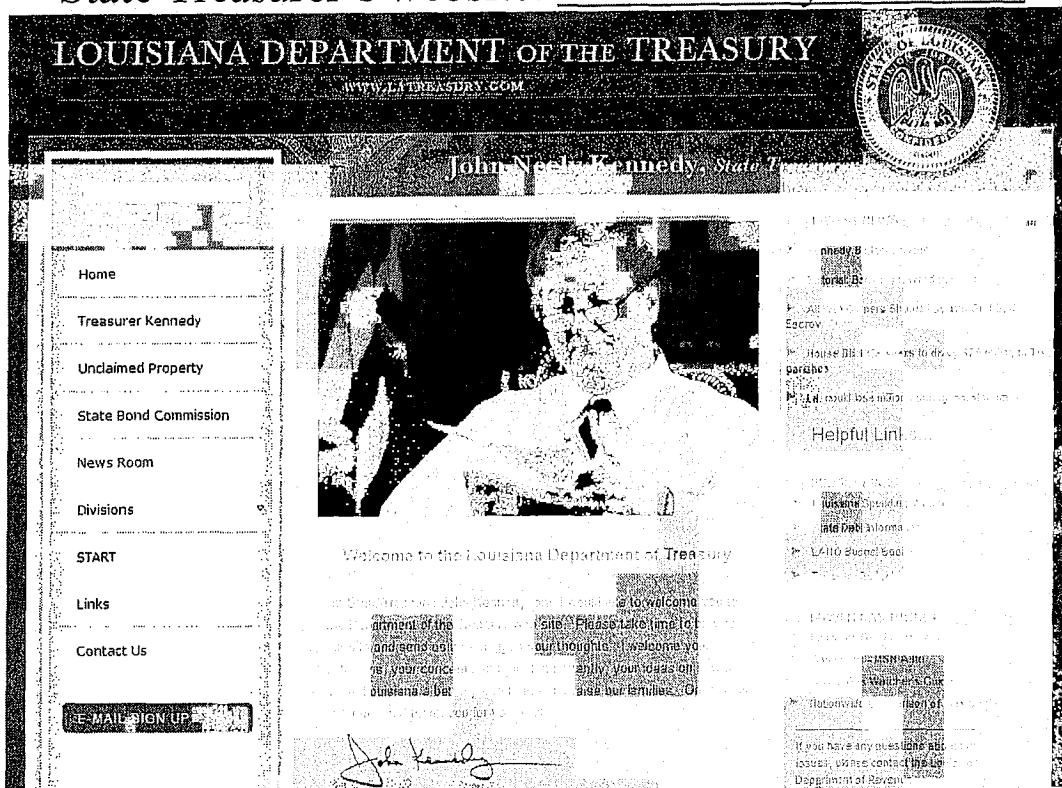
(Please type) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Entity: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
E-mail Address \_\_\_\_\_

## Lines of Credit

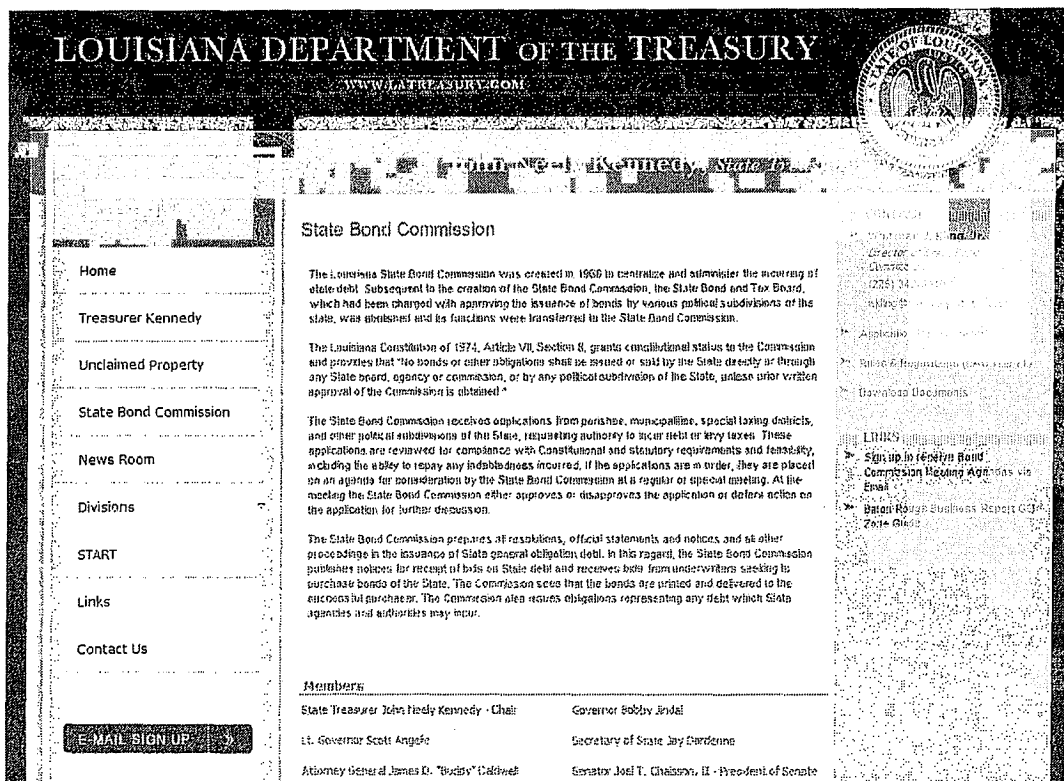
- Lines of Credit are issued by the State Bond Commission.
- The State Bond Commission usually meets on the 3rd Thursday of each month.
- A Request for Lines of Credit form must be submitted in order for the Commission to consider issuing a Line of Credit
- The Commissioner of Administration submits a recommendation to the Bond Commission regarding which requests should receive lines of credit
- The Bond Commission can approve, reject or defer requests for lines of credit
- Monies advanced on a line of credit shall be spent only in accordance with the description in the bond authorization act.
- Agendas and actions can be seen on the Commission's webpage on the State Treasurer's website,  
<http://www.treasury.state.la.us/>



You can check the status of Lines of Credit on the State Treasurer's website: [www.treasury.state.la.us](http://www.treasury.state.la.us)



Select "State Bond Commission" from the left menu



Scroll down the page to “Bond Commission Meetings”

#### Bond Commission Meetings

Meeting Date	S/ND	Deadline Date	Election Date	1 Week Prior to Meeting	24 Hours Prior to Meeting	Post Meeting	LOC Certificates of Approval	
1/21/2010		12/16/2009		Preliminary	Posted	Final Minutes		
2/18/2010		1/19/2010	5/1/2010	Preliminary	Posted	*(SAP) Minutes	Rescinded LOC5	
3/18/2010		2/17/2010		Preliminary	Posted	*(SAP) Minutes		
4/15/2010		3/16/2010		Preliminary	Posted	*(SAP) Minutes		
5/20/2010		4/21/2010		Preliminary	Posted	Final Minutes		
6/17/2010		5/18/2010		Preliminary	Posted	Final Minutes		
7/22/2010	ND	6/15/2010	10/2/2010	Preliminary	Posted	Final Minutes	LOC1	LOC5
8/19/2010		7/21/2010		Preliminary	Posted			
9/16/2010		8/17/2010	11/2/2010					
10/21/2010		9/22/2010						
11/18/2010		10/18/2010						
12/16/2010		11/15/2010						
1/20/2011		12/17/2010	4/2/2011					
2010		2009	2008	2007	2006	2005	2004	

\*(SAP) = Same As Posted \*S = Special \*ND = New Date

Prior to the meeting, you can view proposed Lines of Credit on the links for “Preliminary” and “Posted”. After the meeting, you can view approved Lines of Credit on the links for each LOC Certificate of Approval: “LOC1”, LOC2” and “LOC5”

Agcy. No.	Agency Name	Project Title	Parish	Priority 1 CLOC FY 11-12
01-107	Division of Administration	Statewide Roofing, Waterproofing, and Related Repairs and Equipment Replacement Program	Statewide	7,940,000
01-107	Division of Administration	Shreveport State Office Building Mechanical and Electrical Renovations	Caddo	3,000,000
01-107	Division of Administration	Capitol Complex Acquisitions, Demolitions, Sitework, Construction and Renovation of Facilities	East Baton Rouge	18,590,000
01-107	Division of Administration	DPS and ISB Data Centers, Planning, Construction and Renovations	East Baton Rouge	5,750,000
01-107	Division of Administration	Repair, Restoration and Replacement for Hurricanes Katrina, Rita, Gustav and Ike, Planning, Construction, Renovation, and Acquisition	Statewide	132,000,000
01-107	Division of Administration	Statewide Building Condition Assessment	Statewide	7,000,000
01-107	Division of Administration	State Office Buildings Major Repairs, Equipment Replacement, and Renovations, Planning and Construction	Statewide	3,000,000
01-107	Division of Administration	Statewide Replacement of Single Bottom Elevator Jacks (Code Compliance), Planning and Construction	Statewide	1,815,000
01-107	Division of Administration	Major Repairs for State Buildings Based on Statewide Condition Assessment, and Infrastructure, Planning and Construction	Statewide	34,030,000
01-107	Division of Administration	Mold Remediation and Indoor Air Quality, Planning and Construction	Statewide	2,000,000
01-107	Division of Administration	Community Water Enrichment Program	Statewide	10,000,000
01-109	Office of Coastal Protection and Restoration	Morganza to Gulf of Mexico Flood Control Feasibility Study, Planning, Design, Right of Way and Construction of Levees, Floodgates and Other Flood Control Systems (\$100,000,000 Local Match; \$25,000,000 Local In-Kind Match; \$442,000,000 Federal Match)	Ascension, Assumption, Iberia, Iberville, Lafourche, Pointe Coupee, St. Martin, St. Mary, Terrebonne, West Baton Rouge	4,740,000
01-109	Office of Coastal Protection and Restoration	Donaldsonville to the Gulf of Mexico Flood Study (\$1,100,000 Local Match; \$3,500,000 Federal Match)	Ascension, Assumption, Jefferson, Lafourche, St. Charles, St. James, St. John the Baptist	100,000
01-109	Office of Coastal Protection and Restoration	Westbank Hurricane Protection Project, Planning, Construction, Right of Way and Utilities (\$199,000,000 Federal Match and \$52,800,000 Local Match)	Jefferson, Orleans, Plaquemine	5,095,000
01-111	Homeland Security & Emergency Preparedness	GOHSEP Building Expansion, Planning and Construction	East Baton Rouge	4,000,000
01-112	Department of Military Affairs	Statewide Backlog of Maintenance and Repair (BMAR), Phase 3, and Statewide Infrastructure Rehabilitation, Phase 3	Statewide	1,000,000
01-112	Department of Military Affairs	Camp Minden, Infrastructure, Rehabilitation, Phase 2, Planning and Construction	Webster	500,000
01-112	Department of Military Affairs	State Emergency Warehouse at Camp Villere, Planning and Construction	St. Tammany	3,400,000
01-112	Department of Military Affairs	Jackson Barracks Infrastructure, Rehabilitation and Construction, Historic District Phase 2	Orleans	2,200,000
01-124	Louisiana Stadium and Exposition District	Zephyrs Baseball Facilities Repair, Renovation and Improvement	Jefferson	1,170,000
01-124	Louisiana Stadium and Exposition District	Professional Sports Facilities, Planning and Construction and Leasehold Improvements	Jefferson, Orleans	17,500,000
03-130	Department of Veterans Affairs	Louisiana State Veterans Cemetery in Vernon, Planning and Construction	Vernon	350,000
04-138	Secretary of State	Louisiana State Exhibit Museum, Planning and Construction	Caddo	300,000
04-139	Secretary of State	Chennault Aviation and Military Museum Hanger Building and Equipment	Ouachita	210,000
04-180	Agriculture and Forestry	Louisiana Animal Disease Diagnostic Laboratory, Planning and Construction	East Baton Rouge	18,335,000
05-252	Office of Business Development	Economic Development Award Program For Infrastructure Assistance (Supplemental Funding)	Statewide	7,200,000
05-252	Office of Business Development	Homeland Security and Environmental Technical Center, Acquisition and Renovation, Planning and Construction	East Baton Rouge	600,000
05-252	Office of Business Development	Environmental, Market, and Business Analysis and Planning	Ascension, Assumption, East Baton Rouge, Jefferson, Livingston, Orleans, St. Bernard, St. Charles, St. James, St. John The Baptist	1,400,000
05-252	Office of Business Development	Louisiana Gene Therapy Research Consortium, Inc., SPECT/CT and microPET System for LSUHSC-Shreveport	Caddo	500,000
05-252	Office of Business Development	Wel-Lab Business Incubators, Planning and Construction	Caddo, East Baton Rouge, Orleans	24,725,000
05-252	Office of Business Development	Louisiana Gene Therapy Research Consortium, Inc., Renovation, Equipment, Planning and Construction	Caddo, Orleans, St. Tammany	2,275,000



State of Louisiana  
Division of Administration  
FACILITY PLANNING AND CONTROL

MEMORANDUM

DATE: October 4, 2010

TO: STATE LEGISLATORS

FROM: John L. Davis, Director *JLD*  
Facility Planning and Control

RE: Capital Outlay Lines of Credit Status Notification (R.S. 39:115.B)

The attached page(s) list the projects in Act 21 of 2010 for which all or a portion of the general obligation bond authorization has not been granted lines of credit as of September 15, 2010. Please be aware that the Bond Commission has not addressed any new Priority 2 or new Priority 5 lines of credit recommendations for Act 21 to date, therefore all such appropriations are included on the attached list. The State Bond Commission meets the third Thursday of each month, and could consider these authorizations for lines of credit at future meetings.

General Obligation Bond authorizations are not funded unless granted lines of credit by the State Bond Commission. The State Bond Commission meetings are broadcast live on the Louisiana Legislature website at <http://www.legis.state.la.us>. Line of Credit Certificates of Approval are posted on the Louisiana Department of the Treasury Website at <http://www.treasury.state.la.us>.

If lines of credit are not granted this fiscal year, capital outlay requests must be resubmitted for funding to be reconsidered next fiscal year. November 1<sup>st</sup> is the deadline for submitting capital outlay budget requests. Applications for Capital Outlay funds are filed electronically in the Capital Outlay Request Tracking System, eCORTS. The website for eCORTS is:

<http://www.doa.la.gov/ecorts>

There are instructions on the eCORTS website for many of the fields and functions of the website and electronic capital outlay request.

If further information is needed, please contact the Capital Outlay Section at Facility Planning and Control, Division of Administration, by email at [capitaloutlay@la.gov](mailto:capitaloutlay@la.gov) or phone at (225) 342-0823.

JLD/dgp  
Enclosures

Project ID 543366  
Project Level Agency  
EXEC OFFICE  
01-100 - Offices for Southern Louisiana Health Center

# CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

<http://www.state.la.us/ecorts/>

## Project

Page 1

Title

Offices for Southern Louisiana Health Center

Location New Orleans

## Priority

- ☐ Emergency Project  
☐ Current Project Requirements  
☒ Anticipated Program Needs

State IDs


Local/Agency 2 of 6

Department of

Management Board of

## Applicant

Agency 100 EXEC OFFICE

Schedule 01-100

Department 01 EXECUTIVE

Parish ORLEANS

Senate District 1

House District 100

Site Code

## Local/Agency

User VFA  
Contact Robert Smith  
Phone Number 225-555-2651  
Fax 225-350-4070  
E-Mail rsmith@yahoo.com

Address 266 Summer Street  
City/State/Zip New Orleans LA 70130

## Department

User  
Contact  
Phone Number

## Management Board

User  
Contact  
Phone Number

## Cost Estimates

	Local/Agency	Department	Management Board	FPC
Land/Building Acq.	0			
Planning 10%	60,544			
Construction	605,436			
Hazardous Materials	0			
Subtotal	665,980			
Misc./Contingency	60,544			
Equipment	117,340			
Total	843,864			

## Time Estimates

Planning (months)  
Construction (months)

4  
6

If planning has begun, when will it be completed? 1/15/2010

Project ID 543366  
Project Level Agency  
EXEC OFFICE

01-100 - Offices for Southern Louisiana Health Center

## CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

<http://www.state.la.us/ecorts/>

Page 2

### Prior Funding

FPC Project No. Assigned to Prior Funding 523695

Sub-project No.

Authorized Means of Financing	Amount	Year	Act#	Priority
GO Bonds	25,000	2008	29	1
GO Bonds	50,000	2009	20	1
	0	0		0
	0	0		0
	0	0		0
Total	\$75,000			

Bond	<input type="checkbox"/>	Credit	<input checked="" type="checkbox"/>
Bond	<input type="checkbox"/>	Credit	<input checked="" type="checkbox"/>
Bond	<input type="checkbox"/>	Credit	<input type="checkbox"/>
Bond	<input type="checkbox"/>	Credit	<input type="checkbox"/>
Bond	<input type="checkbox"/>	Credit	<input type="checkbox"/>

### Proposed New Funding

☐ This project does not require funding in Year 1

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
State Funds	375,000	393,868	0	0	0	\$768,868
IAT	0	0	0	0	0	\$0
*Local Funds	0	0	0	0	0	\$0
*Reimbursement Bonds	0	0	0	0	0	\$0
*Fees/Self-Gen. Rev.	0	0	0	0	0	\$0
*Revenue Bonds	0	0	0	0	0	\$0
**Statutory Dedications	0	0	0	0	0	\$0
Federal Funds	0	0	0	0	0	\$0
Total	\$375,000	\$393,868	\$0	\$0	\$0	\$768,868

\*Describe specific source of funds

\*\*Type of Statutory Dedication

What fiscal year (FY) was the project or program first submitted for consideration?

2006

### Agency Impact Statement

I hereby certify that this project has been reviewed, approved, and integrated into our department's long range strategic plan and five year budget. The impact of this project's operating budget has been approved.

Name Robert Smith

Title Director

Date 8/31/2009

### Comments

This project will enable the agency to provide necessary ongoing services to the local community in accordance with our charter and strategic plan. Ongoing operational costs have been estimated and budgeted through 2015. (From Page 7) To provide ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. Due to the influx of distressed population from hurricane affected areas there is a need to implement services of this type at this location. The growth in distressed population in the past two years is expected to remain in place or continue to grow. Services are required in accordance with the agency's mission and are not available elsewhere in the area presently. (From Page 10) Renovate existing second floor space to support treatment program. Work includes new finishes and relocation of some partitions. Electrical and HVAC systems will be replaced. Restrooms will be retrofitted to meet full ADA compliance. The space will consist of a waiting room to accommodate 20 clients, a reception area suitable for two concurrent employees, 14 treatment rooms, 6 offices, 6 restrooms and a file/recodr keeping area. The existing space is aged and will need to be significantly renovated with electrical, mechanical and finish systems to support the program needs. Costs include all furnishings and equipment necessary to outfit the space.

Project ID 543366  
Project Level Agency  
EXEC OFFICE

01-100 - Offices for Southern Louisiana Health Center

## CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

http://www.state.la.us/ecorts/

### Demonstration of Need

Page 4

Title	Offices for Southern Louisiana Health Center		
Description	Renovate existing 11,500 square foot second floor space, currently used for record storage and partially vacant, to treatment facility for emotionally disturbed persons.		
Location	New Orleans	Present Empl.	0
Project Type	Health Infrastructure	Future Empl.	8
Facility Type	Health/Medical	Citizens Served	200
Program / Service Desc.	Treatment	Daily Users	40
Describe the long range strategic plan (5-Yr) for the program	To provide ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. (See additional comments on page 4.)		

### Purpose (Check all that apply)

<input type="checkbox"/> Expand Existing Pgm	<input checked="" type="checkbox"/> Changes in Mission	<input type="checkbox"/> Address Actual
<input type="checkbox"/> Relocate Existing Pgm	<input checked="" type="checkbox"/> Changes in Existing	<input type="checkbox"/> Changes in Standards
<input checked="" type="checkbox"/> Add New Pgm	<input checked="" type="checkbox"/> Changes in Population	<input type="checkbox"/> Promote Economic Dev
<input type="checkbox"/> Attract Business	<input checked="" type="checkbox"/> Generate Employment	<input type="checkbox"/> Address Code Violations
<input type="checkbox"/> Other		

### Applicable Guidelines / Standards

Publications, regulatory agencies' guidelines for the program	Joint Commission on Accreditation of Healthcare Organizations, Centers for Medicare/Medicaid Services
Minimum or mandatory requirements for above-listed program	To allow program to continue to be in compliance with the rules, regulations and standards set forth by the above agencies and to continue to receive reimbursement for the services provided.
What alternatives were considered? (check all that apply)	<input type="checkbox"/> Maintaining Status Quo <input type="checkbox"/> New Space <input type="checkbox"/> Renovations of Existing Space
	<input checked="" type="checkbox"/> Use Existing Space <input checked="" type="checkbox"/> Less Space <input checked="" type="checkbox"/> Expansions of Similar Program Elsewhere
How was the best option determined (Studies, Etc.)?	Program requires additional space to expand. Contracted
Were feasibility studies or needs assessment reports prepared other than this application?	<input checked="" type="checkbox"/> Yes
Preparer's Name	Richard Smith
Phone	225-555-5626

List socioeconomic and environmental affects of project

Identify and describe other similar facilities in your area and evaluate their capabilities to meet needs

Existing facilities on floors 1, 3 and 4 currently support program. Rental space evaluated but lacking in service area. Undeveloped floor available in bldg.

Request Endorsed By: Senator ☐ Rep. ☐ Endorser's Name:

Project ID 543366  
Project Level Agency  
EXEC OFFICE

01-100 - Offices for Southern Louisiana Health Center

# CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

http://www.state.la.us/ecorts/

## Facility Requirements

Page 5

Prepared By Robert Smith

Date Prepared 8/31/2009

Space Requirements: ☒ New Space ☐ Existing Space ☐ No Space

Type of Space	Number of Occupants	Type of Occupants	NA/Pe	Net Area
Office	6	Employees	110	660
Reception	2	Employees	200	400
Waiting Room	20	Visitors / Clients	30	600
Treatment Room	14	Visitors / Clients & Employ	80	1,120
Restrooms	6	Visitors / Clients	64	384
Records	1	Students / Assistants	144	144
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0

Total Net Area	Burden Factor	Total Gross Area	Total Net Area
3,308	1.25	4,135	3,308
			Burden Area 827

Employees 22  
Visitors / Clients 20

Contract Employees 0  
Students / Assistants 1

Temporary Employees 0  
Others 0

Describe additional program requirements (parking, Utilities Tie-In, Location, Shipping / Receiving, Public Access, Site Amenities).

Existing parking lot space for building is adequate to accommodate additional parking needs.

What will happen with the existing facility (demolition, remodeled, other program) and funding if needed?

## Renovation / Addition

Describe the condition of the building and previous renovations

The building was constructed in 1982 and consists of four stories above ground. Renovations have been performed on the 1st, 3rd and 4th floors in 1999, 2002 and 2004 respectively. The roof is from 2001, condition is good overall.

Describe the extent of the proposed renovation / addition

Renovate existing second floor space to support treatment program. Work includes new finishes and relocation of some partitions. Electrical and HVAC systems will be replaced. (See additional comments on page 4.)

Describe the location of occupants during renovation and required funding

Existing record storage will remain in place.

What amount of the construction budget addresses modifications required to meet the "Americans with Disabilities Act Accessibility Guidelines (ADAAG)"?

\$55,000

## Hazardous Materials

What hazardous materials are addressed in the construction budget?

☐ Underground Storage Tanks ☐ PCB's ☐ Lead Paint ☐ Asbestos Other

Enter the date if site has been surveyed for underground storage tanks.

Provide contact information if the facility's asbestos management plan was consulted for abatement requirements.

Contact Name Robert Smith

Phone

## Roof

What is the current age, condition, and type of the existing roof and anticipated date of replacements?

Age of Roof (yrs) 8 Condition Good

Replacement Date 7/1/2001 Type 45 Mil EPDM

Describe roof penetrations, equipment, etc.

Exhaust fans, stairwell skylights, ductwork



Project ID 543366  
 Project Level Agency  
 EXEC OFFICE  
 01-100 - Offices for Southern Louisiana Health Center

# CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

<http://www.state.la.us/ecorts/>

## Construction Cost (cont.)

Page 6

Source of Data 2009 RSMeans Building Construction Cost Data

Date Prepared 8/31/2009

List special cost affecting factors considered (unfinished warehouse space, extraordinary HVAC, etc.).

Security system required for treatment of emotionally impaired.

## Cost of Construction Calculation (Provide COST/S.F. for Roofing Projects)

Type of Space	Net Area	Cost/S.F.	Area Cost
Office	660	188	124,080
Reception	400	164	65,600
Waiting Room	600	125	75,000
Treatment Room	1,120	188	210,560
Restrooms	384	245	94,080
Records	144	164	23,616
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Burden Area	827	0	0
Total / Average / Total	4,135	143	592,936

## Additional Line Item Expenses (Parking, Utility Tie-In, Security System, etc.)

Item	Quantity	Unit Cost	Total
Security System	1	12,500	12,500
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Subtotal of Additional Line Item Expenses			12,500

Total Construction Cost 605,436

## Equipment Costs

Item	Item Costs
Movable furniture	42,000
Portable defibrillator	340
Computer equipment	48,000
Telecom equipment	27,000
	0
Total Equipment Costs	117,340

Check this box if this program is for renovation or relocation of an existing program and the use of existing equipment discontinued. ☐

If so, explain?

If this project is a current year request, attach an itemized breakdown with unit costs and an estimated useful life of the equipment with final submission to Facility Planning.

Project ID **543366**  
 Project Level **Agency**  
 EXEC OFFICE

# CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

<http://www.state.la.us/ecorts/>

01-100 - Offices for Southern Louisiana Health Center

## Operation Budget (Expenditures)

Page 7

(Should match submittals BR-1 and BR-2 to Office of Planning and Budget)

Existing Operating Budget  
Current Year Budgeted

Annual Projected Increase (Decrease)  
After Project Completion

Salaries	7,125,418	1,256,359
Other Compensation	546,230	0
Related Benefits	0	0
Travel	185,025	25,426
Operating Services	2,542,365	835,628
Supplies	965,201	265,408
Professional Services	262,304	0
Other Services	63,459	0
Debt Services	1,256,998	0
Interagency Funds	3,650,953	0
Acquisitions	877,965	0
Major Repairs	1,156,445	356,203
Unallocated	0	0
<b>Total Expenditures</b>	<b>18,632,363</b>	<b>2,739,024</b>

Total Positions

114

22

## Operation Budget (Financing)

State General Fund (Direct)	9,685,354	1,423,781
State General Fund by:		
Interagency Transfer	0	0
Fees and Self-Generated Rev.	8,034,936	1,181,164
Statutory Dedications	912,073	134,079
Interim Emergency Board	0	0
Federal Funds	0	0
<b>Total Financing</b>	<b>18,632,363</b>	<b>2,739,024</b>

## Balance

Excess / Deficiency of Expenditures Over  
Financing (should = 0)

0

0

## Operating Budget (Summary)

	Year 1	Year 2	Year 3	Year 4	Year 5
State Gen. Fund (Direct)	9,685,354	9,685,354	10,397,345	11,109,135	11,109,135
Interagency Transfer	0	0	0	0	0
Fees/Self-Gen. Revenue	8,034,936	8,034,936	8,625,517	9,216,099	9,216,099
Statutory Dedications	912,073	912,073	979,112	1,046,151	1,046,151
Interim Emergency Board	0	0	0	0	0
Federal Funds	0	0	0	0	0
<b>Total Means of Financing</b>	<b>18,632,363</b>	<b>18,632,363</b>	<b>20,001,974</b>	<b>21,371,385</b>	<b>21,371,385</b>

## Comments

Operating increase due to expansion of staff to occupy renovated space, additional cleaning, maintenance and repair for space and supplies associated. Distribution of financing sources for the increase assumed to match distribution of existing funding. Increase assumed to start at project completion, midway through year 3 and continue in full in years 4 and 5. No inflationary increases shown in budget, actual budgets may increase slightly due to inflation

Project ID 543366  
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## CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

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### Space Utilization

Page 10

Local User Facility: VFA

Prepared By: Robert Smith

Detail Space Utilization Plan Here:

Program currently housed in 1st, 3rd and 4th floors of existing building. Program requires additional space to expand. Currently vacant space on second floor of building to be fit out to accomodate additional area needed. Support and administrative space provided on the existing floors can support most of the expanded program, as a result the focus of the renovation will be on direct service space. See distribution of space on page 9, The ratio of direct service space to administrative space in the existing occupied area is 60% to 40%. With the addition of the newly renovated space, the ratio changes to 75% direct service to 25% administrative and support overall, which is consistent with agency guidelines and industry standards. When completed the net area per service provider will be 120 square feet, which is 10% below industry recommendations, but within acceptable tolerances to operate.

## REQUEST FOR LINE OF CREDIT

The purpose of this Request is to gather information and representations which will assist the Attorney General of the State of Louisiana and Bond Counsel to the State of Louisiana in determining whether the moneys from the line of credit being requested by you and to be issued by the State Bond Commission on your behalf and/or use of proceeds of the State of Louisiana's general obligation bonds issued on your behalf will comply with the Louisiana Constitution, the provisions of the Internal Revenue Code of 1986, as amended (the "Code"), and applicable income tax regulations to ensure that interest payable by the State on such bonds will be tax exempt. If you have questions regarding this questionnaire, you can contact the Public Finance Section of the Attorney General's Office at (225) 326-6020.

In order to obtain a line of credit, you must establish that the project is ready to proceed and that there is no impediment to the sale of bonds by the State on the date the line of credit is granted.

Responses to the questions herein may be stated in the spaces provided or on attachments to this Request. The Request should be approved and signed by a duly authorized representative who is responsible for coordination of the legal and financial matters and concerns of your entity in connection with the proposed bond issue. Please respond as accurately as possible.

1. REQUESTED BY:

Executive Offices

(Agency or Department)

REQUESTED FOR:

Executive Offices

(Agency or Department)

2. Project Description as found in the Capital Outlay Act:

(000) Offices for Southern Louisiana Health Center, Planning and  
Construction  
(Orleans)  
Payable from General Obligation Bonds  
Priority 1 75,000  
Priority 2 600,000  
Priority 5 200,000  
Total 875,000

(000) Offices for Southern Louisiana Health Center, Planning and  
Construction  
(Orleans)  
Payable from General Obligation Bonds  
Priority 1 75,000  
Priority 2 600,000  
Priority 5 200,000  
Total 875,000

3. Justification for the request for a line of credit (include anticipated timing of the expenditures):

A line of credit is requested to enable the agency to provide necessary ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. Complete planning and construction to be completed in 1 year.

4. Amount and priority of appropriations as stated in the Capital Outlay Act:

Priority 1	\$	75,000
Priority 2	\$	600,000
Priority 3	\$	
Priority 4	\$	
Priority 5	\$	200,000

5. Priority and amount of cash line of credit requested:

Priority 1	\$	
Priority 2	\$	600,000

6. Amount of priority 5 non-cash line of credit requested: \$ 200,000

7. Projected cash flow for line of credit. Total funds to be spent within each time period (not cumulative):

01 - 06 months:

07 - 12 months:

13 - 18 months:

19 - 24 months:

\$ 500,000

\$ 300,000

\$ \_\_\_\_\_

\$ \_\_\_\_\_

25 - 30 months:

31 - 36 months:

Total Line of Credit Requested:

\$

\$

11

\$ 800,000

8. Break out the anticipated use of the money by category (e.g. planning, land acquisition, construction, equipment) for costs of the project:

<b>Facility, Land, Equipment or Other Capital Expenditures Including Interest During Construction (Please Describe)</b>	<b>Asset Life in Years (ADR midpoint or Appraisal)</b>	<b>Date Placed in Service or Anticipated to be Placed in Service</b>	<b>Amount</b>
Construction	30	2012	\$ 800,000
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total:			\$ 800,000

9. Are you requesting that any portion of the moneys be used to reimburse you or others for expenditures incurred by you or by others before the granting of the line of credit or assurance of the general obligation bonds? If yes, please, give details including nature of the expenditures, source of payment of the expenditures and time when such expenditures were incurred.

Yes ☐ No ☒

10. Do you currently anticipate the future sale of any portion of the project? If yes, please describe the anticipated sale.

Yes ☐ No ☒

11. Will any portion of the proceeds be used (directly or indirectly) to make or finance loans to private persons or entities? If yes, please describe.

Yes ☐ No ☒

12. Will there be a private or non-governmental user of the project? If yes, please list the private and/or non-governmental user of the project and state their interest in the project. A principal user includes each person and/or entity who owns more than 5% of the project (if no one owns more than 5% name the person and/or entity who owns the largest ownership interest in the project), each person and/or private entity who leases 5% or more of the project, each private recipient of more than 5% of the use of services of the project, managers or operators of facilities under contracts with terms exceeding two years or terms which provide for payment based on a percentage of fees or revenues.

Yes ☐ No ☒

13. List the name of the entity in which the project will be titled.

State of Louisiana

14. Is there any requirement to repay the State any moneys for the project? If yes, set forth the terms of the repayment.

Yes ☐ No ☒

15. Does your entity or the project generate revenues that will be used to make payments to the State? If yes, describe (i) from whom the revenues are obtained, (ii) the revenues, income or payments to the State, and (iii) the agency, accounts or funds to which they are deposited.

Yes ☐ No ☒

16. Will any portion of the proceeds be used to finance a Project which will be used primarily by private persons or entities or those doing business with such entity? (For example, a road or building which will service only a private industry or industrial park.) If yes, please describe.

Yes ☐ No ☒

17. Do you anticipate a management contract or lease being entered into regarding all or any portion of the Project? If so, please attach a copy of all contracts, management contracts, leases or subleases of space with private persons and/or entities relating to the Project. Please describe any anticipated contracts, management contracts, leases or subleases with private persons and/or entities relating to the Project, including, without limitation, rent square footage, square footage percentage of the whole Project, proposed use, payment provisions, etc.

Yes ☐ No ☒

18. Do you presently expect to change the use of the Project in any way that is not described elsewhere in this Questionnaire? If yes, please describe.

Yes ☐ No ☒

19. Is there a match requirement for the Project? If yes, please describe the amount and nature of the match and attach verification of the existence and availability of the match and the commitment to use the match for the project.

Yes ☐ No ☒

20. Does the Capital Outlay Act contain a specific condition for the Project, other than matching funds?  
If yes, describe the condition and attach verification that the requirements of the condition have been met.

Yes ☐ No ☒

The undersigned does hereby certify that he/she is the duly authorized and acting representative of the Executive Offices-Southern Louisiana Health Center ; that the responsibilities of such position include responsibility for coordination of the legal and/or financial matters of the Executive Offices-Southern Louisiana Health Center ; in connection with the bond issue in question; that he/she is authorized to provide the information and representation contained herein for your use and reliance in rendering the opinion requested of you; that the information and representations contained herein are accurate and complete; and that if any of the information changes after the date of execution hereof but prior to the issuance of the Bonds for the Project, I will attempt to notify the Attorney General's Office, Public Finance Section.

Dated: 08/08/2011

By: Robert Smith  
(Signature)

(Please type)

Name:	<u>Robert Smith</u>
Title:	<u>CEO</u>
Entity:	<u>Executive Offices-Southern Louisiana Health Center</u>
Street Address:	<u>266 Summer Street</u>
City, State, Zip:	<u>New Orleans, LA 70130</u>
Telephone:	<u>504-555-2651</u>
Fax #:	<u>504-350-4070</u>
E-Mail Address:	<u>rsmith@yahoo.com</u>





# State Capital Outlay Training Manual

Glossary: Key Terms and Dates

## Terms

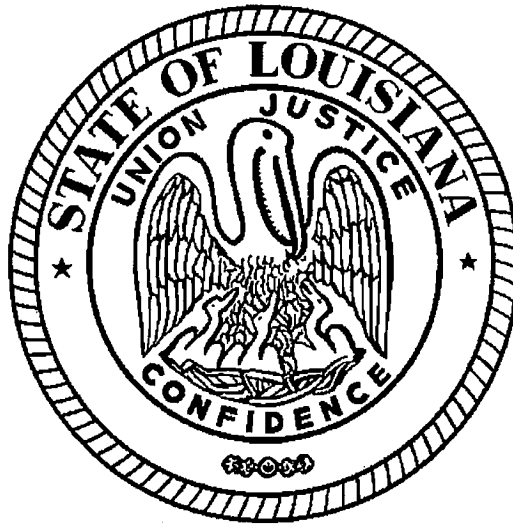
Agency Impact Statement	A name entered here certifies that any costs associated with operating the new project have been set aside and accounted for by the entity. Those additional costs should appear in the Operating Budget Section of this form.
Anticipated Program Needs	Funds are not needed in the first year.
Appropriation	Money that is identified within a Capital Outlay Act, which has been signed by the Governor. These funds have only been identified; no monies exist, yet. (See "Funding").
Authorized Means of Financing	For Non-State entities this will be either General Funds or G.O. Bonds. State Agencies have other means of funding available to them.
Board	Used for education requests only.
BR-1 and BR-2	These budget requests are for State agencies only.
Burden Factor	Not all space in a building is usable space. The burden factor allows for the inclusion of mechanical space, major vertical penetrations, primary circulation, building core and building services. This is space that must be included, but cannot be directly used by the occupants, nor included in area required per occupant. Gross Area minus the Burden Area = Usable Area.
Capital Outlay	Capital Outlay projects should have a useful life of 20 years or more and a value or cost of at least \$50,000.
Certification	This is a required section for non-state entities. It is used to determine if other means of financing is available for the requested project.
Construction Phase	Actual construction of the project
Contact	This should be the person in charge or the person who completed the request. It is who FP&C will contact with any questions or updates needed on the request.
Cost Estimate	This should equal the total cost of your project. Planning and Miscellaneous/Contingency are calculated automatically at 10% each. The figure entered under Construction should equal the Total of Cost of Construction Calculation.
Current Project Requirements	Use this designation if the project is needed to meet current program requirements
DED	Department of Economic Development, aka LED, Louisiana Economic Development

Demonstration of Need - Title and Description	The scope of the project should be entered here. If additional description is needed, please use the Comments section of this form.
Department	Used in State Agencies only.
DOA	Division of Administration
Emergency Project	If people or property are at immediate risk, a project can be considered an emergency or if the current condition is resulting in state or federal violations of law.
Facility Requirements	This section is for projects that include a building or additional space. It is a check to determine if enough space has been allowed for the number of occupants the entity expects to use the space. Enter the different types of space, the type and number of occupants, and the net area needed per occupant.
Feasibility	Feasibility of a project is determined by fulfillment of Statutory Requirements, justification of project, and why State funds are needed.
Five Year Plan	Projected cash flow needed for the next five years for the completion of a capital outlay project and/or program
Funded	Cash and/or lines of credit are available for the specified project. Note that while a noncash line of credit represents a funding committee, it does not provide additional cash.
Location	If available, enter an address for the project or nearest intersection. Include municipality.
Operating Budget	The budget of the institution, agency or department that will be responsible for the completed project
Planning Phase	The preparation of architectural and engineering documents up to and including the preliminary design stage where final working drawings and specifications are prepared, advertising for a sealed bid or proposal, awarding a contract pursuant to law.
Prior Funding	List any funding the project has already received through Capital Outlay for this particular project.
Proposed Funding	Using the estimated time line of a project, funding should be spread over the years as funds are needed. Proposed funding should equal Total project cost less any prior years' funding.
Site Code	Identifies the facility where the project is to be located. Can be found in SLABS.

Stage	Stage 1 Agency Level. Stage 2 Department Level. Stage 3 Management Board Level. Stage 4 is the FPC level. Projects are moved up to Stage 4 when they are fully submitted. Stage 5 is the BDS Level. All requests are moved to Stage 5 after FPC review.
Statutory Requirements	Statutory Requirements are outlined in R.S. 39:101 & 102. If a Capital Outlay Request is filled out accurately and completely, it likely fulfills the Statutory Requirements
Time Estimate	Enter how long it is expected to take to complete the project. The total of these months dictate over how many years the Proposed Funding is requested. The two should agree.
Title	Project title should provide a brief statement of facility use plus location.
User	The name of the applicant (agency/entity).

## Key Dates for Agencies

June	Closing of Legislative session
Beginning in July	New amendments and CEA's that involve only General Fund (Direct) appropriations are drafted
Mid July	Letters are mailed out to all entities who have an appropriation in HB2. Includes letter of instruction, line of credit request form, notification of non-state training class, and co-op data form.
Mid July	Governor must sign the Capital Outlay Bill within 20 days of receiving HB2.
Late July	Non-feasible projects affected within HB2 shall be declared NULL.
Third Thursday in each month of the fiscal year	July: Bond Commission reauthorizes P1 and P5 lines or credit from the prior fiscal year including P5 noncash converted to P1 cash. August – June: Bond Commission may authorize new lines of credit
Late July	After the July Bond Commission meeting, amendments and CEAs involving new P1 and new P5 funding are drafted
August	eCorts opens for electronic submission of capital outlay requests. Deadline is November 1.
August	Capital Outlay Training seminar for preparation of requests and the Capital Outlay process.
Late September	Mail out of letters regarding line of credit status. Sent to each agency that received a G.O. Bond appropriation, but has not received a line of credit as of September 15th reminding the agency that they must re-submit their request for the following year.
November 1st	Closing date for Capital Outlay Requests for the following year. State projects must have a list of priorities from State departments/management boards.
March or April	Opening of legislative session
Before the 8th day of the Legislative Session	Governor must present to the Legislature the Original HB2 and HB3



# State Capital Outlay Training Manual

Applicable Statutes

# **CAPITAL OUTLAY IN THE LOUISIANA ADMINISTRATIVE CODE\***

This section contains an excerpted passage from the Louisiana Administrative Code and is not intended to be all inclusive of applicable statute.

## **Title 34**

### **GOVERNMENT CONTRACTS, PROCUREMENT AND PROPERTY CONTROL**

#### **Part III. Facility Planning and Control**

##### **Chapter 2. Capital Outlay Budget Request Forms**

###### **§201. Instructions for Preparation of Capital Outlay Budget Request Forms**

A. When preparing a five-year capital outlay plan, a first year request should reflect only those projects which must be funded next year. If a project can wait, it should be shown in years 2-5 of the request.

B. For projects other than those funded from self-generated cash, federal funds or dedicated revenues, the only anticipated source of funding available is the sale of general obligation bonds. It is, therefore, necessary to limit capital outlay projects which do not have a cash source of funding to those which have an anticipated useful life of 20 years or more and a value or cost of at least \$50,000. Examples of projects that qualify for inclusion in the capital outlay bill are:

1. land acquisition;
  2. site development and improvement;
  3. acquisition or construction of buildings or other structures;
  4. additions of expansions to existing facilities;
  5. major repair or renovation of existing facilities;
  6. installation, extension or replacement of utility systems or major building system components;
  7. roof replacement;
  8. asbestos abatement;
  9. fixed equipment which is connected to building utility systems;
  10. initial equipment and furnishings for new buildings.
- However, depending on the useful life of equipment and furnishings, a decision may be made to fund these items through alternate sources.

C. Capital outlay requests should not include any of the following:

1. minor repair or renovation projects, such as painting, flooring, etc.;

2. minor roof repairs which do not extend the useful life of the roof;

3. movable equipment and furnishings, except that associated with new buildings;

4. vehicles of any type;

5. materials and supplies;

6. repair or renovation of minor building components, such as plumbing fixtures, locks, etc.;

7. routine maintenance of existing equipment.

D. All requests are due to Facility Planning and Control by November 1, and must be submitted through and prioritized by the appropriate governing authority. Each department should attach a summary sheet listing all requested projects in priority order by department. Project funding previously requested and appropriated in a prior year capital outlay act, but for which bonds were not sold in that prior year, must be requested again if the project funding is not reauthorized in the current outlay act.

E. Submit six hard copies of the budget request document and the completed diskette(s) (soft copy) along with a transmittal to: Division of Administration, Facility Planning and Control, State Capitol Annex, Room B-31, Post Office Box 94095, Baton Rouge, Louisiana 70804-9095. In addition, one duplicate hard copy set must be submitted at the same time to both the: Joint Legislative Capital Outlay Committee, 21st Floor, State Capitol, Post Office Box 94062, Baton Rouge, Louisiana 70804-9062; and Legislative Fiscal Office, 18th Floor, State Capitol, Post Office Box 94097, Baton Rouge, Louisiana 70804-9097.

1. For years 2-5 requests, the agency will need to complete only the "Recap Sheet" and the section entitled "Demonstration of Need" (Screens 1-8 in the CORTS program).

2. If assistance is needed in completing the forms or using the CORTS software, contact Facility Planning and Control at (225) 342-0820 or LINC 421-0820.

###### **F. Terms Used in Capital Outlay Requests**

1. Schedule Number Department plus FACS agency number. For nonstate entities, search for a schedule number that applies. If one cannot be found, use schedule number 00-0000.

### Title 34, Part III

2. **Class A Project Emergency.** A capital project can be classified as emergency if it is essential to alleviate conditions hazardous to life or property. Examples include extensive roof leaks, structural defects, accreditation or code violations, asbestos/hazardous material abatement, and extensive breakdown of HVAC systems.

3. **Class B Project. Current Program Requirements**—needs that would allow an agency to bring its facilities up to program standards set by national or regional accrediting associations. Also, changes necessary to improve the functioning of a program belong in this classification. This would include measures to rectify inadequacies or the non-existence of facilities stipulated by accrediting associations required for program achievement. It would also include provisions for major alterations to meet or maintain current program requirements. Examples include addition of a new program, changes or relocation of an existing program.

4. **Class C Project. Anticipated Program Needs**—projects anticipated on the basis of increased enrollments, additional service, obsolescence of existing facilities, and changing an agency's role, scope or mission. Examples include addition of a new program, changes or relocation of an existing program.

5. **Project Title.** Give the project a concise, descriptive title. This title should be used on all correspondence, etc.

6. **Project Priority Number.** Assign a priority number to each new project request in keeping with the relative importance to the achievement of overall department goals. The priority number given a project must reflect the overall department priorities, not the priorities of a single institution.

7. **State Funds.** Include cash from the State General Fund.

8. **General Obligation Bonds.** Bonds or other evidences of indebtedness whose debt service is payable from the Bond Security and Redemption Fund.

9. **Reimbursement Bonds.** Special bonds whose debt service is payable by revenues derived from operation of the bond funded facility, e.g., a parking facility, toll bridge, laundry, etc.

10. **Self-Generated Funds.** Represents self-generated revenue from agency operations, e.g., license fees, admission fees, etc., or from statutory dedications.

11. **Federal Funds.** Any federal grant, loan, etc., that has been applied for, awarded, or received for the project.

12. **Local and Other Funds.** Any other type of financing not covered above, including interagency transfers, donations, etc. For nonstate entities, indicate any local matching of funds here; this should include any local bond issue proceeds, millages, or other forms of local participation.

13. **Land Acquisition.** Cost of purchasing real property, including closing costs.

14. **Planning Cost.** Fee for professional services for planning. This figure should be 10 percent of construction cost.

15. **Construction Cost.** Cost of construction, renovation, repair, demolition or other work, excluding land acquisition, professional fees, and other costs. This should include the cost of all fixed equipment, such as bathroom fixtures, laboratory and kitchen equipment, etc.

16. **Miscellaneous.** Incidental expenses not listed above, including insurance, legal and testing. This figure should be 10 percent of the construction cost.

17. **Movable Equipment.** Furnishings and equipment which are not fixed to the building or facility. If funds for movable equipment are being requested for the current year, a detailed, itemized listing must be provided. It should include a brief description of the equipment, the quantity of identical pieces, the estimated unit cost of each item, the estimated cost (sum of quantity times estimated unit cost), and the source from which the estimate was obtained.

18. **Net Area/Person.** Net area per person required to satisfy the function of the space type.

19. **Net Area Required.** Net area required for each functional space type (number of people times the net area per person required).

20. **Burden Factor.** Apply a percentage to the net area which reflects architectural burden for the facility; namely, circulation areas (corridors, elevators, stairs), janitorial and equipment rooms, public restrooms, interior and exterior walls and partitions, etc.

21. **Total Gross Area.** This is the product of the total net area times the burden factor percentage.



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NEW PROJECT REQUEST  
CAPITAL OUTLAY REQUEST FOR FY 1996-97  
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PROJECT

Title Description
Programs Served Site Location

DEMONSTRATION OF NEED

Purpose or Objectives of Proposed Project (Check as many as apply)	
<input type="checkbox"/> Expand Existing Program	<input type="checkbox"/> Changes in Population Served
<input type="checkbox"/> Relocate Existing Program	<input type="checkbox"/> To Address Code Violations, Court Orders, Accreditation
<input type="checkbox"/> Add New Program	<input type="checkbox"/> To Address Actual or Threatened Prop. Damage
<input type="checkbox"/> Changes in Existing Program	<input type="checkbox"/> Changes in Accepted Standards/Guidelines
<input type="checkbox"/> Changes in Mission, Goals, Objectives	<input type="checkbox"/> Other
Describe	
Program Service Description	
Number of Employees	Present _____ Citizens Served _____
	Future _____ Daily Users _____
Describe strategic long range plan for program (5 Yr?)	
APPLICABLE GUIDELINES/STANDARDS	
List publications, regulatory agencies guidelines for the program.	
Minimum or mandatory requirements of above listed for program.	
What alternatives were considered?	
<input type="checkbox"/> Maintaining Status Quo	<input type="checkbox"/> Lease Space
<input type="checkbox"/> Use Existing Space	<input type="checkbox"/> Renovation of Existing Space
<input type="checkbox"/> New Space	<input type="checkbox"/> Expansions of Similar Program Elsewhere
How use best option determined (Studies, Etc.)?	
Were any feasibility studies or needs assessment reports prepared? <input type="checkbox"/>	
If so, please name contact person. _____ Phone _____	
List socioeconomic and environmental affects of project.	
Identify and describe other similar facilities in your area and evaluate their capabilities to meet needs.	

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**PROJECT RECAP SHEET**  
**CAPITAL OUTLAY REQUEST FOR FY 1996-97**  
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<b>PROJECT</b>	<b>REQUEST NUMBER</b>
Title _____	
Department Priority Number ____ of ____	Location _____
A. Emergency Project { }	Parish _____
B. Current Project Requirements { }	Senate District _____
C. Anticipated Program Needs { }	House District _____

<b>APPLICANT</b>	
Schedule No. _____	Site Code _____
Department / Umbrella User _____	State ID _____
Agency / Management Board _____	Dept. Contact _____
	Phone _____
Local User Facility _____	Local Contact _____
	Phone _____

FINANCIAL	Local User Estimate:	Agency Estimate	Department Estimate	F. P. & C Estimate
<b>Total Project Cost Estimate</b>				
Land / Building Acquisition _____	_____	_____	_____	_____
Planning Costs (10%) _____	_____	_____	_____	_____
Construction Costs _____	_____	_____	_____	_____
Hazardous Materials Abatement _____	_____	_____	_____	_____
<b>Subtotal</b>	_____	_____	_____	_____
Misc./Contingency Costs (10%) _____	_____	_____	_____	_____
Equipment Costs _____	_____	_____	_____	_____
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Time Needed: Planning</b>	_____	_____	_____	_____
<b>Construction</b>	_____	_____	_____	_____

If planning has begun, when will it be complete?

**PRIOR FUNDING:**

Authorized Source	Amount	Year	Act Number	Priority Level	Were Bonds Sold or Lines of Credit Granted?
_____	_____	_____	_____	_____	Bonds ( )      Credit ( )
<b>Total (A)</b>	<b>0</b>				

Proposed New Funding:	First Year	Years 2-5	Source of Funding
State Funds	_____	_____	
Gen.Obl. Bonds	_____	_____	
Reimb. Bonds	_____	_____	
Self-Gen. Funds	_____	_____	Cash ( )      Rev.Bonds ( )
Federal Funds	_____	_____	
Other	_____	_____	
<b>Total</b>	<b>(B) 0</b>	<b>(C) 0</b>	

Total Project Funding (A=B=C) \_\_\_\_\_ (Should Equal Total Project Cost Estimate)

Annual Operation & Maintenance Cost Increase (Decrease) \_\_\_\_\_ 0

**AGENCY IMPACT STATEMENT**

I hereby certify that this project/program has been reviewed, approved and integrated into our department's long range strategic plan and five year budget. The impact of this project/program's operating budget on our budget has been approved by

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DOA REVIEW**

Review Architect/Engineer :	Review Date: ____/____/____
FPC Director :	Review Date: ____/____/____
Review Budget Analyst :	Review Date: ____/____/____
OPB Director :	Review Date: ____/____/____

**DOA COMMENTS**

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**NEW PROJECT REQUEST  
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**ARCHITECTURAL PROGRAM**

Preparer \_\_\_\_\_

Date Prepared \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Space	#	Occupants	Net Area / Person	Net Area Required
			Net Area Required	0

Net Area \_\_\_\_\_ X Burden Factor \_\_\_\_\_ = Total Gross Area Required \_\_\_\_\_

Totals

_____ Employees	_____ Temporary Employees
_____ Visitors / Clients	_____ Student / Assistant
_____ Contract Employees	_____ Other

Additional program requirements (Parking, Utilities Tie-In, Location, Shipping & Receiving, Public Access, Site Amenities, etc.) Describe below.

What is the length of time needed for planning ?  
Construction ?

**NEW CONSTRUCTION**

What will happen to existing facility? (Demolition, Renovation, Expansion of other programs)

How funded?

Has site been surveyed for underground storage tanks? ( )  
When ?

**RENOVATION / ADDITION**

Describe history and condition of building, extent and date of previous major renovations.

Describe the extent of the proposed renovation / addition.

Where will the occupants be housed during construction ?

How funded ?

What portion of the const. Budget addresses modifications required to meet The Americans with Disabilities Act Guidelines (ADAG) ?

What hazardous materials are addressed in the construction budget?  
( ) Underground Storage Tanks ( ) PCB's ( ) Asbestos  
( ) Lead Paint ( ) Other

Has the facility's asbestos management plan been consulted for abatement requirements? ( )  
Contact person

What is the current age, condition and type of the existing roof and estimated date of replacement?

Describe roof penetrations, equipment, etc.

For roofing projects, what is current condition of rooftop equipment & estimated date of replacement?

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**CONSTRUCTION COSTS**

Source of Data

Date Prepared \_\_\_\_/\_\_\_\_/\_\_\_\_

List special cost affecting factors considered (Unfinished Warehouse Space, Extraordinary HVAC, etc.)

**COST OF CONSTRUCTION CALCULATION; (Provided Roof S.F. if Roofing Project)**

Type of Space	Total Gross Area	Cost /S.F.	Total Cost
Subtotal/Average	0	0.00	0

**ADDITIONAL LINE ITEM EXPENSES (Parking, Utility Tie-In, Security System, etc.)**

Item	Unit Cost	Total Cost
Subtotal		0
<b>Total Construction Cost</b>		<b>0</b>

**EQUIPMENT COSTS**

Source of Data	Date Prepared ____/____/____
SUMMARY OF EQUIPMENT AND ESTIMATED COSTS:	
	0
	0
	0
	0
	0
Total	0
If this project is a current year request, attach an itemized breakdown with unit costs, estimated useful life of the equipment.	
If this project is for renovation or relocation for an existing program, will existing equipment continue to be used ? ( )	
If not, why?	

**PROPOSED PROJECT FUNDING**

	96-97	97-98	98-99	99-00	00-01	Total
G. O. Bonds						
State Funds						
Reimb. Bonds						
Self-Gen Revenue						
Federal Funds						
Local & Other Funds						
Total	0	0	0	0	0	0

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**PROGRAM OPERATING 7 MAINTENANCE COSTS**

BUDGET REQUEST SUMMARY  
(Should match submittals BR-1 and BR-2 to  
Office of Planning & Budget)

	Current Year Budgeted	Annual Projected Increase (Decrease) After Project Completion
Expenditures:		
Salaries		
Other Compensation		
Related Benefits		
Travel		
Operating Services		
Supplies		
Professional Services		
Other Charges		
Debt Services		
Interagency Funds		
Acquisitions		
Major Repairs		
Unallotted		
Total Expenditures	0	0
Means of Financing:		
State General Fund (Direct)		
State Gen. Fund By::		
Interagency Transfers		
Fees & Self-Gen. Revenues		
Statutory Dedications		
Interim Emergency Board		
Federal Funds		
Total Means of Financing	0	0
Excess or (Deficiency) of Expenditures over Financing	0 (Should Equal 0)	0 (Should Equal 0)

	96-97	97-98	98-99	99-00	00-01
Total Expenditures	0	0	0	0	0
Means of Financing:					
State Gen. Fund (Direct)					
State Gen. Fund By:					
Interagency Transfers					
Fees & Self-Gen. Revenues					
Statutory Dedications					
Interim Emergency Board					
Federal Funds					
Total Means of Financing	0	0	0	0	0

**MAILING ADDRESSES**

Applicant (Local User) Mailing Address

Facility Physical Address

# CAPITAL OUTLAY IN THE REVISED

## STATUTES\*

\*This section contains excerpted passages from the Revised Statutes and is not intended to be all inclusive of applicable statute. Boldface type is added for emphasis.

### PART III. CAPITAL OUTLAY BUDGET

#### SUBPART A. CAPITAL OUTLAY BUDGET DEVELOPMENT

#### 101. Capital outlay budget request; feasibility studies

A. (1) Except as provided in Paragraph (2) of this Subsection, **no later than the first day of November each year**, the head of each budget unit shall present to the office of facility planning and control of the division of administration a request for all expenditures for **capital projects falling within the definition contained in R.S. 39:2(9)**, on forms provided by the office. **However, if a legislator is finally elected after November first, the legislator shall have until the fifteenth day of December to present such request.** A copy of the request shall also be provided by the head of each budget unit to the Legislative Fiscal Office, the Joint Legislative Committee on Capital Outlay, the House Committee on Appropriations, the House Committee on Ways and Means, the Senate Committee on Finance, and the Senate Committee on Revenue and Fiscal Affairs. Such annual requests shall contain the information necessary for the feasibility study required pursuant to Article VII, Section 11(C) of the Constitution of Louisiana and shall include projects proposed to be funded within the next five years.

(2) Projects to be funded by and programs for the expenditure of funds from the Transportation Trust Fund shall be governed by the priority program required by Article VII, Section 27 of the Constitution of Louisiana. Any form for submission together with supporting information and documents for such projects shall constitute the feasibility study required by Article VII, Section 11(C) of the Constitution of Louisiana.

(3) Any project or component of a project funded in a capital outlay act, which is not funded through a cash or non-cash line of credit as approved by the state bond commission or is not under contract in any one fiscal year, shall not be considered in any subsequent year unless a new request is made therefore. Such request shall be submitted as provided in this Section.

D.(1) The provisions of Subsection B of this Section shall not be applicable to and shall not be followed with respect to streets, roads, highways, and bridges. The provisions of R.S. 48:228 shall govern in establishing priorities and construction programs for all streets, roads, highways, and bridges within the state and local system. Any street, road, highway, or bridge not in compliance and conformity with the provisions of R.S. 48:228 shall not be included in the capital outlay acts.

The provisions of Subsection B of this Section shall not be applicable to and shall not be followed with respect to any flood control or drainage project. The provisions of R.S. 38:90.1 et seq. shall govern in establishing the priorities for any such projects. Any flood control or drainage project except for watershed program projects not in compliance and conformity with the provisions of R.S. 38:90.1, et seq. shall not be included in the capital outlay acts.

The provisions of this Subsection shall not be applicable to any project which the commissioner of administration determines is an economic development project.

E. Upon receipt of the request required by this Section, the division of administration shall certify the date and time when the request was received.

F. (1) The office of facility planning and control shall assign a project number to each project for which a budget request is received by that office. It shall also assign a project number to projects included in the enrolled version of the capital outlay bill for which a project number has not been previously assigned.

(2) All projects must have a unique project number, and that number must be used to identify a project in all reports required by law.

(3) The office of facility planning and control shall establish a system of categorization of projects requested to be funded through the capital outlay act. The division of administration may promulgate such rules and regulations as are necessary for the implementation of this Paragraph. However, such rules and regulations shall be approved by the House Committee on Appropriations, the House Committee on Ways and Means, the Senate Committee on Finance, and the Senate Committee on Revenue and Fiscal Affairs before they are promulgated.

Acts 1989, No. 836, §1, eff. July 1, 1989; Acts 1993, No. 683, §1; Acts 1994, 3rd Ex. Sess., No. 133, §1, July 1, 1994; Acts 1997, No. 3, §8, eff. July 1, 1997; Acts 1997, No.

1346, §1, July 1, 1997; Acts 2001, No. 1032, §13; Acts 2008, No. 911, §1, eff. July 1, 2008.

#### §102. Capital outlay budget request contents

A. Each request submitted as required by R.S. 39:101 **shall include a detailed project description and justification** for each new project requested.

B. **The detailed project description and justification shall include an analysis of need with corroborative data, a reasonable estimate of the date when the project will be needed, the project's proposed location, the estimated construction cost, the cost of equipping and furnishing the project, the space utilization plan of the requesting agency, the cost of opening and operating the facility for the first year, the estimated annual operating and maintenance costs of the facility, and the method and source of financing for each of the next five years, and the estimated completion date of the project as well as an identification and description of other similar facilities and projects in the given area and an evaluation**

**of their capabilities to meet needs. The request shall indicate the order of priority.**

C. A detailed project description and justification **shall be prepared in accordance with instructions and procedures published by the division of administration.** Such instructions and procedures shall be published in the State Register at least thirty days prior to the effective date thereof.

Acts 1989, No. 836, §1, eff. July 1, 1989; Acts 1994, 3rd Ex. Sess., No. 133, §1, eff. July 1, 1994.

§103. Standards for capital projects and evaluations

A. (1) The office of facility planning and control or the division of administration shall establish standards for capital projects which shall include but not be limited to criteria of requirements for:

- (a) Allocation of space.
- (b) Design and construction according to anticipated use.
- (c) Determination of the economic feasibility of remodeling buildings, purchasing older buildings, or leasing space.
- (d) Utilization or disposition of buildings being replaced.
- (e) Standards and procedures for determining the feasibility of projects as required by Article VII, Section 11(C) of the Constitution of Louisiana.
- (f) Standards for architectural programs.

(2) The standards established by the commissioner of administration shall be published in the state register at least thirty days prior to the effective date thereof.

B.(1) Except as provided in Paragraph (2) of this Subsection, the office of facility planning and control shall timely analyze and evaluate requested capital projects including compliance with the provisions of R.S. 39:101 and 102, the standards required by Subsection A and long-range policies and goals established by the legislature and the governor.

(2) Projects and programs for the expenditure of funds from the Transportation Trust Fund shall be analyzed and evaluated pursuant to the priority programs required by Article VII, Section 27 of the Constitution of Louisiana. The Joint Committee on Transportation, Highways and Public Works shall approve the respective priority programs no later than the last day for introduction in either house of the legislature of a matter intended to have the effect of law.

(3) The office of facility planning and control shall establish a system for comparatively evaluating projects based on the feasibility and merits of projects and shall annually establish a priority ranking of projects. The division of administration may promulgate such rules and regulations as are necessary for the implementation of this Paragraph. However, such rules and regulations shall be approved by the House Committee on Appropriations, the House Committee on Ways and Means, the Senate Committee on Finance, and the Senate Committee on Revenue and Fiscal Affairs before they are promulgated.

Acts 1989, No. 836, §1, eff. July 1, 1989; Acts 1994, 3rd Ex. Sess., No. 133, §1, eff. July 1, 1994; Acts 2008, No. 911, §1, eff. July 1, 2008.



## SUBPART B. CAPITAL OUTLAY BUDGET ENACTMENT

### §111. Capital outlay budget submission

Not later than the eighth day of each regular session, the governor shall submit to the legislature his capital outlay budget, the proposed capital outlay bill implementing the first year of the live-year program, and the bond authorization bill for the sale of bonds to fund projects included in the bond portion of the capital outlay bill.

Acts 1989, No. 836, §1, eff. July 1, 1989; Acts 2008, No. 911, §1, eff. July 1, 2008.

### §112. Capital outlay act

A. The legislature shall enact into law a capital outlay bill which shall incorporate the first year of the five-year capital outlay program as provided in Article VII, Section 11(C) of the Constitution of Louisiana. The capital outlay act shall include appropriation of funds from specified sources, including proceeds of bonds, for capital projects to be expended during the next fiscal year.

B. All projects included within any capital outlay act, under penalty of nullity, shall have been proposed, reviewed, and evaluated in accordance with the requisites contained in Subpart A of this Part. The office of facility planning and control shall make the determination as to compliance with Subpart A of this Part and shall report those findings to the Joint Legislative Committee on Capital Outlay, the House Committee on Appropriations, the House Committee on Ways and Means, the Senate Committee on Finance, and the Senate Committee on Revenue and Fiscal Affairs.

C.(1) Capital outlay budget requests submitted after November first may be included within the capital outlay act if the capital outlay budget request meets all of the applicable requirements as provided in R.S. 39:101 and 102 except for time of submission and if any of the following conditions have been met:

(a) The project is an economic development project recommended in writing by the secretary of the Department of Economic Development.

(b) The project is an emergency project recommended in writing by the commissioner of administration.

(2) For purposes of this Section, "economic development" means the following:

(a) Improvements on public or government owned property for the purposes of attracting or retaining a specific new or existing manufacturing or business operation that benefits Louisiana.

(b) Facilities or improvements on public or government owned property that generate new, permanent employment or which help retain existing employment.

**(c) Facilities or infrastructure improvements on public or government owned property necessary for the manufacturing plant or business to operate.**

**(d) For purposes of this Subsection, "emergency" means essential to alleviate conditions that are hazardous to life, health or property, and court mandates.**

D. Any project deemed not feasible after evaluation of the feasibility study required pursuant to Article VII, Section 11(C) of the Constitution of Louisiana shall not be included with the capital outlay act. The office of facility planning and control shall submit a report to the Joint Legislative Committee on Capital Outlay, the House Committee on Appropriations, the House Committee on Ways and Means, the Senate Committee on Finance, and the Senate Committee on Revenue and Fiscal Affairs detailing its findings and evaluation of any project deemed not feasible. Such report shall be submitted no later than twenty days after the determination that the project is deemed not feasible.

**(a) E (2)(a) A project deemed by the commissioner of administration to be an emergency project.**

F. The general obligation bond cash line of credit capacity shall be limited to two hundred million dollars annually adjusted for construction inflation from 1994. This limit shall only be raised by a favorable vote of two-thirds of the elected members of each house of the legislature.

G. (I) Projects to be funded through the sale of bonds and secured by or payable from state appropriation shall either be included in the capital outlay act or shall obtain legislative approval as set forth in this Subsection.

(2) Projects to be funded through the sale of bonds and secured by or payable from state appropriation shall be included in a separate section of the capital outlay act entitled "appropriated debt projects".

(3) Appropriated debt projects not included in the annual capital outlay act may be considered between sessions by submission of those projects by the division of administration to the Interim Emergency Board, and approval by a majority vote of the elected members of each house of the legislature in the manner provided for in Chapter 3-B of Subtitle I of Title 39 of the Louisiana Revised Statutes of 1950.

(4) After obtaining legislative approval as set forth in this Subsection, requests to sell bonds shall be submitted to the State Bond Commission for review and approval.

(5) The division of administration may promulgate such rules and regulations as are necessary for the implementation of this Subsection. However, such rules and regulations shall be approved by the House Committee on Appropriations, the House Committee on Ways and Means, the Senate Committee on Finance, and the Senate Committee on Revenue and Fiscal Affairs before they are promulgated.

Acts 1989, No. 836, §1, eff. July 1, 1989; Acts 1994, 3rd Ex. Sess., No. 133, §1, eff. July 1, 1994; Acts 1997, No. 1346, §§1, 2, eff. July 1, 1997; Acts 2008, No. 911, §1, eff. July 1, 2008.

§ I 13. Appropriations

A. All funds from whatever the source for state projects approved under the provisions of this part shall be appropriated to the office of facility planning and control of the division of administration. This requirement shall not apply to appropriations made to the Department of Transportation and Development for highway or public works projects, the Military Department, or the legislature.

Acts 1989, No. 836, §1, eff. July 1, 1989; Acts 2008, No. 911, §1, eff. July 1, 2008.

§115. Notice requirements

The office of facility planning and control shall also send a notice of the need to resubmit a capital outlay budget request to each state representative and state senator who has any project in his geographic area that did not receive a line of credit for the total amount of bond proceeds authorized in the capital outlay act for that year. The notice shall list all of the projects in the representative's or senator's geographic area which have not received lines of credit prior to September fifteenth of the year for which notice is sent to the representative or senator.

**C. All notices required under this Section shall be sent by the office of facility planning and control between September fifteenth and October fifteenth of each year.** Acts 2001, No. 464, §1, eff. June 21, 2001; Acts 2008, No. 911, § 1, eff. July 1, 2008.

SUBPART C. CAPITAL OUTLAY BUDGET EXECUTION

§121. Division of administration powers, duties, and functions

The division of administration in accordance with the provisions of R.S. 39:1410 in order to exercise supervision over the expenditure of funds and the construction projects, shall specifically:

(1) Have the authority to administer and enforce the provisions of the capital outlay budget adopted by the legislature;

(2) Formulate necessary rules, regulations, and forms for proper enforcement of the capital outlay budget;

(3) Expend the remaining funds for the construction of buildings, structures, and other projects, wherever needed, including the construction, enlargement, improvement, repair, remodeling, furnishing, or equipping of public buildings, structures, facilities, and other physical improvements at the charitable, correctional, penal, and other institutions of the state of Louisiana, and for the development, improvement, and expansion of state parks and recreational facilities of the state of Louisiana, including surveys, plans, and specifications and acquisition of any land required to carry out the purpose of existing law with the approval of a majority of the elected members of both houses of the legislature;

(4) Supervise construction, approve estimates, and select and employ engineers,

architects, and other personnel necessary in connection with the administration of contracts for projects;

(5) Administer all contracts and agreements previously executed by the Capital Construction and Improvement Commission, or by the State Bond Commission, as its successor;

(6) Enter into and execute any contracts that the State Bond Commission was authorized to enter into and execute as successor to the Capital Construction and Improvement Commission; and

(7) Schedule the funding of projects in the event that there are more projects ready for funding than there are funds available at that time from the proceeds of the sale of bonds if such bonds are not sold at one time.

#### §122. Commencement of work

**A. No work shall commence and no contract shall be entered into for any project contained in the capital outlay act unless and until funds are available from the cash sources indicated in the act or from the sale of bonds or from a line of credit approved by the State Bond Commission,** except contracts for Department of Transportation and Development projects which are subject to the provisions of R.S. 48:251(D). The Joint Legislative Committee on Capital Outlay shall make recommendations to the commissioner of administration concerning the non-state entity projects to be granted lines of credit. The commissioner of administration shall submit to the Joint Legislative Committee on Capital Outlay a list of projects that will be submitted to the State Bond Commission for lines of credit a minimum of five days prior to the submission to the State Bond Commission.

13.(1) Ports, levee districts, and other non-state entities **shall** wait until there is a fully executed cooperative endeavor agreement **and** final approval has been given by the facility planning and control section of the division of administration, **the** Department of Transportation and Development, **or the** state treasurer, whichever is applicable, before **entering** into contracts obligating state funds.

(2) **If** a port, levee district, or other non-state entity, enters into a contract, executes a purchase order or otherwise attempts to obligate any funds to be reimbursed by the state without first fully complying with the provisions of this Section, any obligation resulting therefrom shall remain the sole responsibility of the port, levee district, or non-state entity, and the contract or purchase order or other obligation shall not be eligible for reimbursement or payment by the state.

Acts 1989, No. 836, §1, eff. July 1, 1989; Acts 1997, No. 1346, §1, eff. July 1, 1997; Acts 1998, 1st Ex. Sess., No. 161, §2, elf, May 7, 1998; Acts 2008, No. 911, § 1, elf. July 1, 2008.

§126. Change orders

Any change **order in** excess of one hundred thousand dollars for a project undertaken pursuant to an appropriation in the Capital Outlay Act shall require **the** approval of the Joint Legislative Committee on the Budget. In addition, a change order for a project undertaken pursuant to this Part shall also be subject to the approval of the commissioner of administration. Any change order in excess of fifty thousand dollars but less than one hundred thousand dollars shall be submitted to the Joint Legislative Committee on the Budget for review but shall not require committee approval.

Acts 1989, No. 836, §1, eff. July 1, 1989; Acts 1997, No. 924, §1, eff. July 1, 1997; Acts 2008, No. 859, § 1.

# **CAPITAL OUTLAY IN THE** **LOUISIANA CONSTITUTION\***

This section contains an excerpted passage from the Louisiana Constitution and is not intended to be all inclusive of applicable statute.

## **Article VII. REVENUE AND FINANCE.**

### **PART I. GENERAL PROVISIONS**

#### **Section 11. Budgets**

(C) Capital Budget. The governor shall submit to the legislature, at each regular session, a proposed five-year capital outlay program and request implementation of the first year of the program. Prior to inclusion in the comprehensive capital budget which the legislature adopts, each capital improvement project shall be evaluated through a feasibility study, as defined by the legislature, which shall include an analysis of need and estimates of construction and operating costs. The legislature shall provide by law for procedures, standards, and criteria for the evaluation of such feasibility studies and shall set the schedule of submission of such feasibility studies which shall take effect not later than December thirty-first following the first regular session convening after this Paragraph takes effect. These procedures, standards, and criteria for evaluation of such feasibility studies cannot be changed or altered except by a separate legislative instrument approved by a favorable vote of two-thirds of the elected members of each house of the legislature. For those projects not eligible for funding under the provisions of Article VII, Section 27 of this constitution, the request for implementation of the first year of the program shall include a list of the proposed projects in priority order based on the evaluation of the feasibility studies submitted. Capital outlay projects approved by the legislature shall be made a part of the comprehensive state capital budget, which shall be adopted by the legislature.